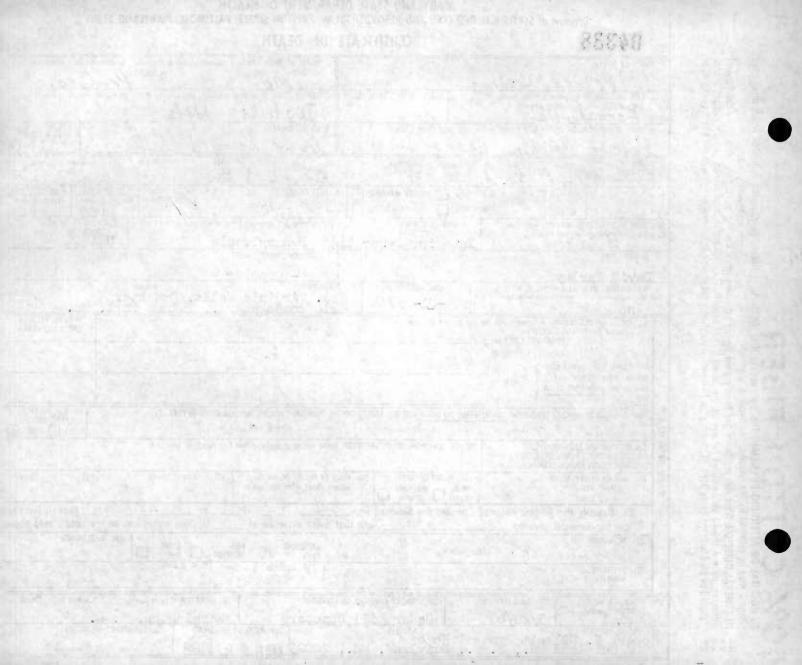
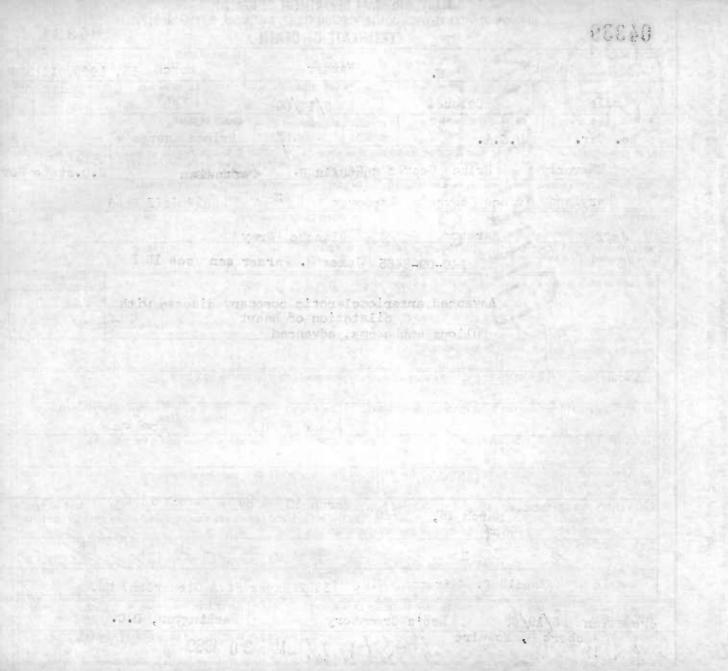
THE REAL PROPERTY OF THE PARTY OF THE PARTY

lacon in the state of				
	Dist. Production		ud/ale	ofel
ewest 45	•• (1-1)			in always.
		eve so in the		4 - 5
A LEW TOOLS, E.S.		ng all angoy? er	minky 1	boxister
orno	la Activa de	on a second	Þ	
and issist its its	dell'. L'Obrad .			
		4 10 10 10	Van de la la	
			No. of the last	
4				
	Design to the second			
				3.235
	y.			
	The state of the	ample of the most	lar kes	. Tutton

1		Division of STATISTICAL RE	SEARCH AND RECORDS, 301			ND 21201	
		04338	CERTIFICATE	OF DEATH		04330	100
		LACE OF DEATH		2. USUAL RESIDENCE (Where	deceosed lived, if institution	n: Residence before admission)	
200		Prince George	MARYLAND	Md.		Pr. Geo.	
3	b	CITY OR TOWN (If outside carparate limits, write_RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporote limits, write RURA	L ond give néorest tawn)	
		HORESTY! //E NAME OF HOSPITAL OR INSTITUTION (If not in haspit	-L aive street address)	District d. STREET ADDRESS	H9+5.	e. IS RESIDEN	ICE.
90		Pegent Nursing Ce.	Her	6628 Ro.	wald Rd.	ON A FARM	M?
7	3. 1	AME OF First	Middle		DATE Manth OF	Day Year	10
0	S. S	PECEASED Appe or print) Alfred X 6. COLOR OR RACE 7. MARRI	ED CO MENTE MADDIED COLO	B. DATE OF BIRTH	OF DEATH 3	IF UNDER 1 YEAR IF UNDER 24	HPS
1	n	Pale Cay, WIDOW	ED DIVORCED	3-7-78	lost birthdoy) yrs.	Manths Doys Hours	Min.
	10o.	JSUAL OCCUPATION (Give kind of work done g mast of working life, eyen if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stot	te, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
		FATHER'S NAME	NDUSTRY nterior Decorati	ng Pennsylvar 14. MOTHER'S MAIDEN NAME	nia	COUNTRY? USA	
				The second second second			
	15.	David Farley WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	- Crocker	Address		
	(Yes		79-01-2577A M	rs. Virginia V 216 Roanoke Av	Walls, Daught ve., Takoma F	er ark, Md.	
		1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (o), (b), and (c).)	40 5%		INTERVAL BETWE	EN
		MMEDIATE CAUSE (a)	1	11	, X '		
		Canditians, if any, which gave)	intervoilence	The Heart	t Disease		.33
		rise to immediate couse (a), Stating the underlying cause	all sell they		STATISTICS	Carabi	
		(c)		her destinated			
2	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				19. WAS AUTOPS PERFORMED	Y ?
4	CATI	7000		nterio sear		YES NO	
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(thier noture of injury in Port I	l or Port II of item IB.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor 20		CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (Sto	ote) -
16	¥	p.m. 19 ot	work ot wark		3		
		21. I certify that (I) (this hospital) of saw the deceased olive on	ended the deceased fram	t deoth occurred ot_	M fram courses	-, 19 <u>6</u> 7 that (I) (we nd an the date stated o	e) los
		22o. SIGNATURE				22b. DATE SIGNED	שעעע
1		Ohier . B. Sa	J.M	D. PHYS. MED.	CTOR PHYS.		n util ris
1		The state of the s	30ND m	22d. ADDRESS 74 2			11
				TOREST			
	230.	BURIAL CREMATION, 23b. DATE THEREOF 3/28/69	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	n) (Caunty) (Stot	e)
N	0.4	CUMERAL DIRECTOR	Cedar Hill C	DEC'D DV	Washington. REGISTRAR 25b. REG	D. C. ISTRAR'S SIGNATURE	
N	R	bert E. Wilhelm Funera 308 Suitland Rd., S. E.	L Home Suitland, Md.	20023 MAD 9	8 1969 year	melas Cerdan.	
4		The second secon	, and the same of	WAR 4			

ER ADVIAND





12	1 tems13,17&22 4/2/69 kk	DIVISION OF 4341	VITAL RECORDS, 30	OF W. PRESTON STREET, BALT		04333
ī	. DECEASED-NAME	First Villiam	Middle John	last Fierstein sr	20. DATE OF DEATH March Month	2b. Hour 1969 8:40Am
3	s. sex Male	4. RACE	White	S. DATE OF BIRTH	6. AGE (In years last birthday)	
7	o. BIRTHPLACE (State or foreign country) Washington	7b. CITIZEN OF WH		MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's	S Md.
1	O. CITY OR TOWN OF DEATH Cheverly	11. NA give s	ME OF HOSPITAL OR INSTITUTE GEOR	ge's Gen. Hosp R	AL OCCUPATION (Kind of work do ost of working life, even if retire etired Bldg Ins	12b. KIND OF BUSINESS OR INDUSTRY
6	3a. USUAL RESIDENCE (Where diadmission) STATE Md	eceosed lived, if instituti 13b. COUNTY	on: Residence befare 13	ladensburg YES N	131 SPREET AND NUMBER 10 1 4102/53rd.	Place
1	4. FATHER'S NAME First Wil	Middle liam J. Fie		IS. MOTHER'S MAIDEN NAME Albert	irst Middl ina Lassanke	e Last
		. ARMED FORCES? give war ar dates of service)	16b. SOCIAL SECURITY NO. 213 12 1206	DeWignant Dina S Fiers	Addres stein Bladens	burg, Md.
	18. CAUSE OF DEATH (Entremental Conditions) Conditions, if any, which grise to immediate couse stating the underlying colost.	AUSED BY: MEDIATE CAUSE (o) DUE TO, OR A (o), (b)	S A CONSEQUENCE OF	scleration	les mboses, heerto	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDE	erfu	CH OPERATION WAS PERFO	RELATED TO THE TERMINAL DISEASE OR I	20b. IF YES, WERE FINDIN	officers IGS CONSIDERED IN CERTIFYING 3
	OR CONTRIBUTING CAUSE OF	PEDEATH HOUR A.M. P.M.	Month Doy Year	21c. HOW INJURY OCCURRED (Ente		t 2, Item 18.) Caunty State
	22a. I certify that (1) saw the decease causes stated al	(this haspital) atte	did nat) view the ba	from 755, 19 7, and that in (my) (aur) ap dy after death.		
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Don B Gomea	W Cameron	DEGREE ATTENDING PHYS. 22e. ADDRESS	AED. STAFF PHYS. Mt Rainier,	22c. Date SIGNED 3 - 19-69 Md
	23a. 8URIAL, CREMATION,	23b. DATE Mar. 22, 196	23c. NAME OF CEN	AETERY OR CREMATORY	23d. LOCATION (City or Town) Colmar Manor	(Caunty) (State) Pro Geo Md.
1	24 FLINERAL DIRECTOR		yattsville,	Md. 2Sg. REC'D 8		RAR'S SIGNATURE

ntes eath LI foreign		tino	
		ojh	ASpil
plate with explain			
			Cheverir
Commission of the second		u P pos	
	Veicit 1		
the Community of the	enakupa madi Papagbaran persi		
		THE RESERVE	
THE FIRST STATE		ALTERNATION OF THE PARTY OF THE	
th bulleton, 101		unional pas	
All the delt mest make	V1976 18 140		

9	OZ 27.9 DIVISION OF VITAL RECORDS, 301 W. PRESTON STR		
FOR STATE	04342 MEDICAL EXAMINER'S CERTI	FICATE OF DEATH	04334
HEALTH DEPT.	DECEASED-NAME First Middle (Type or Print)	Lost 2a. DATE KNOWN Mont	th Doy Yeor 2b. HOUR
2, and 3 to PM3. Page	John Michael Fi	innegan DEATH MATED ☐ 3-2	27-69 1911:20am
d 3 Po ent	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lift lost birthday) MONTH	UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	
dan	Male White 21 April 1955 13 YRS.	HS DAYS HOURS MIN Manth Day	69 Year 19 12: 30 mm
2,2	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED 7. COUNTY OF DEATH	
- E G	iuntry) New York USA WIDOWED		M
after death. 8. Give Poges 1, olong with form with the Stote Deleoth.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If no	at in haspitol 12a. USUAL OCCUPATION (Kind of work done	
de de P	Ghoran P. P. Tracks P.	during mast af warking life, even if retired. Student	.) INDUSTRY school
Giv Ong ong th t	Cheverly Penna. R.R. Tracks Policy USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TO	DWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	SCHOOL
hin 24 hours after death ony delay is not in them 18. Give Pages 1, 2, and 3 to prince is Office along with form PM3. Page pages Jand 2 with the State Department of hours ofter death.	Maryland 13h (OUNTY Prince George's Hyattsv	rille YES □ NO □ 5901 84th. F	Place
ours im fice nd 2		NOTHER'S MAIDEN NAME First Middle	Lost
4 20 7 20	John Edward Finnegan sr	"ose Marie Galbo	
hin 24 ncil in priner's pages hours	a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFO		
within 24 hours pencil in 19em 1 commer's Office le pages Jend 2 72 hours offer g	(Yes, no, ar unknown) (If yes give war or dates of service)	John Edward Finnegan F Hy	attsville, Md.
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)	-	APPROXIMATE INTERVAL
be executed "pending" in hief Medicol E ansit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Total injuries		BETWEEN ONSET AND GEATH
xec din ded hed t w			
e e e e e e e e e e e e e e e e e e e	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave		
d b d :: Chii trar	rise to immediate cause (a),		
should be e ne word "per o the Chief! burial-transit	stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF		
e should the word to the Cl burial-tr	(c)		
ficot ing rded os o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate, writshould be forward files. 3 should be used addressed and the standard	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOV	1	20. AUTOPSY?
for te,	WAS PERFORMED?		YES NO X
E 70 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOV	W INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2	2, Item 18.)
certi certi ould es. shou ion,	PRIMARY OF CONTRIBUTING HOUR A.M. 11:20am 3-27- 19 69 Ped 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOC	destrian struck by train	
Sho sho	46	ATION Street or R.F.D. No. City or Town	County State
please execute the certification. Poge 4 should retained for your files. DIRECTOR: Poge 3 should or to buriol, cremation,	WHILE AT WORK AT WORK Penna. Railroad Tracks. Pos	st 129.4, Prince George Cour	ntv. Maryland
L EXA cecute Poge for you R: Pog ial, cre	220. I certify that I toak charge of the remains described abave, held		and in my opinion
CAI ex d for d for inouri	death resulted from: Notorial couses , Agrident , Suic		
dise dise REC	dealli lesolled from Moonin Cooses [7], Articletti [24, 5010		51
ple dil	ACTUAL LAST PORTE	CHIEF MEDICAL EXAMINER 22b. DA ASSISTANT MEDICAL EXAMINER 22b. DA	ATE SIGNED
ny, please eral direct be retain RAL DIRE		M.D. ASSISTANT MEDICAL EXAMINER 22b. DA DEPUTY MEDICAL EXAMINER 22b.	3-28-69
necessary, please execute the funeral director. Poge 4 5 may be retained for your to FUNERAL DIRECTOR: Poge Health prior to burial, crem	EXAMINER'S NAME (Type) Tohn Kohoo MD Riverdale Md	ADDRESS(Street, city, town, or county))-20-07
o D D I D D D D D D D D D D D D D D D D	John Kende In Hitverdate, d.	REMATORY 23d. LOCATION (City or Town)	(Country) (Charty)
7 - 10 -	30. BURIAL, CREMATION, 23b. DATE April 1, 1969 23c. NAME OF CEMETERY OR CR	her cemetery Rochester Me	(Caunty) (State) onroe N. Y.
	4. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR	R'S SIGNATURE
VR A15ME (5) 10M REV, 1/68	F. Gasch's Sons Hyattsville, Md.	DATEAPR 1 1969 JOLE	onles Joesfel

MARYLAND STATE DEPARTMENT OF HEALTH

total. It is the second of the control of the second of th . The contract of the state of the first the state of the second constitution is the state of the second contract the

"Satisfacial and selection of second tracks and

			Le de la companya de
	enver i		1 () A
	elonnoù k elimili en l'alian en l'alian		
		,	
ew Leas tech pillous, gradinos ai, p	en (1) i i i i i i i i i i i i i i i i i i i	,	
	evila) vadi Jan	, , , , , , , , , , , , , , , , , , ,	
a and a second of the second of			

MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04336 CERTIFICATE OF DEATH 2b. HOUR P 1 DECEASED-NAME Last Middle 2n DATE OF DEATH and 2 death. funeral 1 and (Type or print) March 2. Mary J. Freeman 10:05 filled-in by the fundapers. Pages 1 cithin 72 haurs after d 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR last birthday) HOURS Female. White 10/7/84 84 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) DIVORCED [Prince George's WIDOWED X 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince George's General during most of warking life, even if retired.) **INDUSTRY** signed by the attending physician and campletely f burial-transit permit. Then please remove carban burial, cremation, ar remaval, and in any event, witl Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland Prince Georges 3900 37th Place NO [Brentwood 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle ENRICH 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT 2013 PAGEBRUCK REACL Yes, no, or unknown) CALLEN PROGRAM (SON) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Massive Intra-Cerebral Hemorrhage IMMEDIATE CAUSE (a) Cardiomegaly DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) Hypertensive Cardio Vascular Disease with markedrise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse (c) Generalized Arterio-Sclerosis, Severe. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been sdirector, page 3 shauld be detached for use as the chauld be tiled with the State Dept. of Health priar tall TENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH Month Doy Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an_ 1942, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above (1) (we) (didf (did not) view the bady after death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 3503 Perry St., Mt.Rainier, Md. Comeau, Norman D., M.D. 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/6

The American Control

in the same

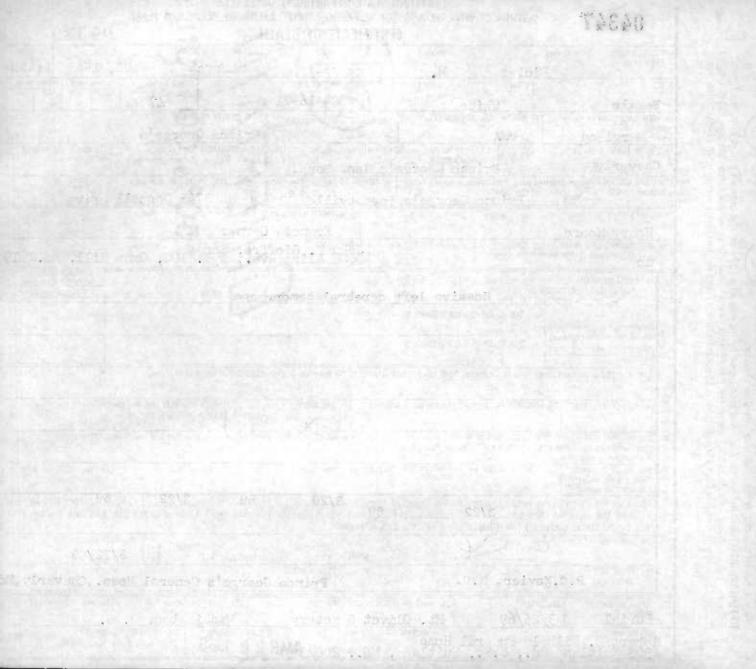
Companied Engines system avigability

Postern weis unrealing religion Worldwall Deleastrant

arraval . In ever to the representation of

9 8 934

be without a much of 100 to your allounts and the wife in the one Samer constitute. M. COLUMN TO THE STATE OF THE STAT MARYLAND STATE DEPARTMENT OF HEALTH

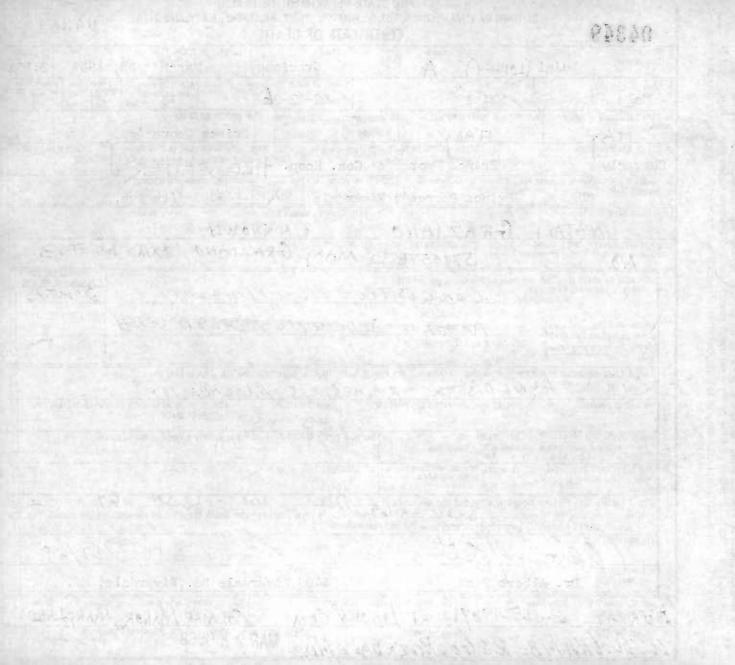


04348 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04340 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-Page DEATH MATED TO DOam M Graves Mary delay and 3 IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR pup Female Negro 5 July 1882 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED "Maryland USA WIDOWED F DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired.)

Laundry Worker give street oddress) INDUSTRY the Chief Medical Examiner's Office along w lond 2 with the Cheverly Prince George Hospital I3g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth. Bince George's 4th. & Chestnut Street Bowie YES NO NO in Item 1 ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Middle James Porter Sarah Brown pages Bowie, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknown) Mrs. Ruth E. Wood-niece-10th and Elm APPROXIMATE INTERVAL within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if any, which gave rise to immediate cause (a), ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, NO PA pe should be Or. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE TAT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection [3] and in my opinian Inquiry death resulted fram: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-9-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Riverdale, Md, ADDRESS(Street, city, tawn, or county) Kehoe MD the 0 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 12/69 Harmony Memorial Park Maryland 25a, REC'D BY REGISTRAR Home-4001 BenningRoad, N. Flank

MARYLAND STATE DEPARTMENT OF HEALTH

1 Commence of the Commence of alarmon Sala A CONTRACTOR OF THE STATE OF TH (Monthletter B. and Pract blanch blanch page), page



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04342 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-2, and 3 ta PM3. Page 1912:15am DEATH MATED ₩ 3-30-69 Elizabeth ment af Greene IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR 4-16-1874 19 1: 22amm Negro Female 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH aten is Office alang with farm 24 haurs after death in Hend 18. Give Pages 1, WIDOWED -U.S.A= DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) l and 2 with the Prince George Hsopital Cheverly 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Prince George's Fairmont Hatses I NO 5808 H Street after 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Middle Thomas Parham haurs Sarah Simms 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) with the certificate, writing the ward "pending" in pert 4 shauld be farwarded to the Chief Medical Exami Emma Greene - Daughter event within 72 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease over Conditions, if ony, which gove rise to immediate couse (o), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) remaval, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO X a 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, JICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection [32], Inquiry , ond in my opinion deoth resulted from: Nativrol couses & Accident | Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED funeral SIGNATURE. TO DEPUTY DEPUTY MEDICAL EXAMINER TX 5 m TO FUN Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Riverdale. the John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 4-7-69 Gates of Heaven Wheaton. Maryland 2So. REC'D BY REGISTRAR John T. Rhines Co. Funeral Home DATE APR VR A15ME (5) 3015 12th Street N. E. Wash 10M REV. 1/68

MAKYLAND SIAIL DEPAKIMENI OF HEALIH

at pile an western from the Carette College of the Carette the state of the s three between without the street sylend tree.

1 THE THE DESIGNATION OF THE PERSON WAS ASSESSED MANAGED ASSESSED. A E CHANNEL HARDEN AND A MICHAEL STATE CONTRACTOR STUMBERS OF STUMBERS OF STULL AND STORY the mirror and the same and the THE ESTIMATION OF STREET STREET 112 - 1421 37 CARLOS OLDE TS O A STATE OF S THE REAL SHELLS THEN THE PROPERTY OF SAFER PROPERTY OF SAFE SECURIOR The second continues are second to the second continues of the second continue

HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
	1001 ZD. 1100K
(1) Locard Conditates (1) Locard	9 195:25pm
	2d. HOUR
Male White 4-1-1896 72 YRS. MONTHS DAYS HOURS MIN. Month 3 16 68	Yeor 19 5:25pmM
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Country) Italy U. S. A. WIDOWED DIVORCED Prince George's	Ma
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. I	KIND OF BUSINESS OR
Cheverly give street oddress) Refer most Shroking Make Fretired.) ISH	ides
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (USUAL RESIDENCE IN INSTITUTE IN IN	Road
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Nancy Unk.	Lost
Antonino Gugliotta Nancy Unk.	
Male White 4-1-1896 72 YRS. Male White 4-1-1896 72 YRS. Months Day 3 16 60 72 YRS. Months Day 3 16 60 72 YRS. Months Day 4 3 16 60 72 YRS. Months Day 3 16 60 72 YRS. Months Day 4 3 16 60 72 YRS. Months Day 4 3 16 60 72 YRS. Month British Day 3 16 60 72 YRS. Month British Day 4 3 16 60 72 YRS. Month British Day 4 3 16 60 72 YRS. Month British Day 4 3 16 60 72 YRS. Month British Day 4 3 16 60 72 YRS. Month British Day 4 3 16 60 72 YRS. Month British Day 4 3 16 60 72 YRS. Middle Divorce George Is Di	
(If yes give wer or doles of service) 217 32 2220 Grace Gugliotta As above	(Wife)
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure IMMEDIATE CAUSE (o) Heart failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	hour
DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease ur	nknown
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF	
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Jown Countries of Street or R.F.D. No. City or Jown Countries or	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.	YES NO X
210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.	8.)
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 121e. PIACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. City or Town Cou	
No. 大豆 で は Value Not white Not whi	ounty State
PRIMARY OK CONTRIBUTING HOUR A.M. 19 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) Part 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 22a. I certify that I toak charge of the remains described abave, held an Autopsy , Inspection X, Inquiry , deoth resulted from: Noturol couses X, Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE ACCIDENT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIG	
22a. I certify that I toak charge of the remains described abave, held an Autopsy [], Inspection [X], Inquiry [],	and in my apinion
deoth resulted from: Noturol couses 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲	
deoth resulted from: Noturol couses X, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER CACTUAL SIGNATURE SIGNATURE 22b. DATE SIGNE	
ACTUAL SIGNATURE ACTUAL SIGNA	
DEPUTY MEDICAL EXAMINER IN 3-17	7-69
PERMOVEN (Sealist)	
The state of the s	G. Md.
jwb vrajsme sy vrajsme for the francis Gasch's Sons Hyattsville, Md. 250. RECORY REGISTRAR SIGNAT	y Jugar

MAKILAND STATE DEPARTMENT OF MEALIN

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04354 04346 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b. HOUR Middle 1. DECEASED-NAME First Month Dov Yeor (Type or print) 90 60 IF UNDER 24 HRS. IF LINDER 1 FEAR S. DATE OF BIRTH 6. AGE (In years ican and completely filled in by the Tur fease remave carban papers. Pages and in any event, within 72 hours after 3. SEX 4. RACE be executed within 24 haurs after lost birthdoy) DAYS HOURS MONTHS 12-9-1883 CAUCASIAN YRS 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign 7h CITIZEN OF country) WIDOWED K DIVORCED [Md 55 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress)attending physician and completely formit. Then please remave carban LAURE relative ils 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before COUNTY YES 🔀 NO Igunt: Middle Lost 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First MAXWELL lumbus 17. INFORMAN Address certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO Yes, no. or unknown) (If yes give war or dates of service) Shal · Land ar removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) PHYSICIAN: The law requires that the death permit. crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse; burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO A 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TO. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year af (If either, notify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote Dept. County 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while ot work ot work should be , and that in (my) (aur) opinion death occurred on the date and hour and fram the saw the deceased alive an_ causes stated above, (i) (we) (did) (did hat) view the bady/after death. 22c. DATE SIGNED 22b. SIGNATUR MED. DIRECTOR **ATTENDING** director, page 3 shauld be filed v DEGREE PHYS PHYS 22d. PHYSICIAN'S NAME (Type) 22e, ADDRESS 23d. LOCATION (City or Town) (Stote) NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR (Il I sometas Judas VR A15 (4) 30M REV. 1/68 ELLES Telegran 140804

	to that the		
alli, alli alli alli alli alli alli alli		market and the second	emiliar (cf.)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6/6/1
vinus a ogmisi entireli			
	alaskop) seki		or December 2
		Last TRod	
		10-2-2-2	
and the same of the same of	THE PARTY OF THE P		
			A STATE OF THE STA
Mary Port Suit Port and			
All the second s	-		
	discount Brown		
file noise 12 lettero			
	Paral camilitates	Total Comment	
0.000			
fatheadl * arron a	on live		.3 -16 -17
		A THE SECOND SECOND	
		12 99-11	

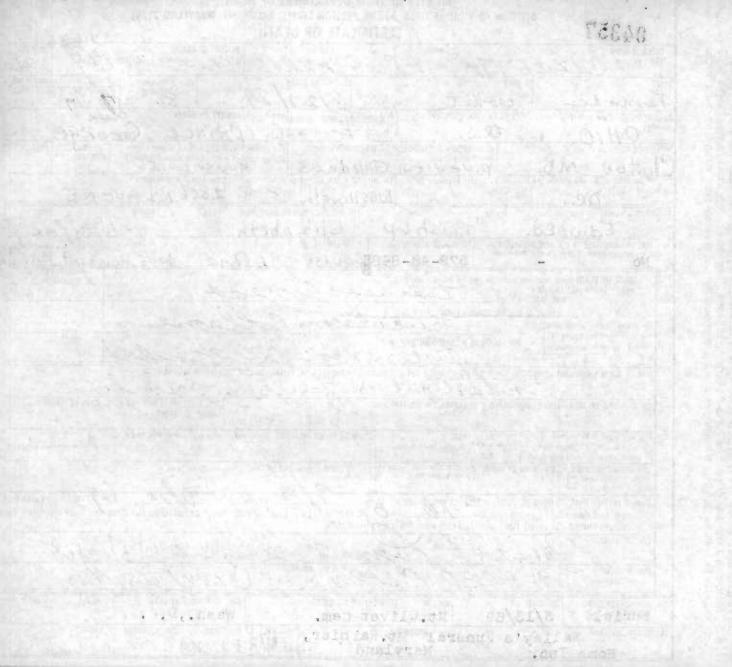
		The section	Joseph Walley Berling

1. (ECEASED-NAME First	n from birth cers	LOST	20. DATE OF DEATH March 13, 196	2b. HOUA 5:25 M
3. 5		4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	White	3/12/69	lost birthdoy) YRS.	adinths days hours min.
7a.	ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NOT	9. COUNTY OF DEATH	
10	Maryland OTTY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		Prince George's USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Cheverly	give street address) Prince Georg	e's General	g mast of working life, even if retired.)	INDUSTRY
13o.	USUAL RESIDENCE (Where deceose issian) SIATE Maryland	ed lived, if institution: Residence before 13b. COUNTY 17 COUNTY 13b. COUNTY 15b. COUNTY 1	13c. CITY OR TOWN 13d. INSIDE C	13e. STREET AND NUMBER NO 3608 Upshur	Street
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM		Last
	Robert	Eugene Harri		nda Renae	Hutchson
160	(WAS DECEASED EVER IN U.S. ARM (es, no, or unknawn) (If yes give wo	ED FORCES? 16b. SOCIAL SECURITY Mar or dates of service)	NO. 17. INFORMANT	Address	
	18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y one cause per line far (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION		DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		NSIDERED IN CERTIFYING
	21o. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, It	em 18.)
2	(If either, natify medical examing 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	9	. No. City or Town	Caunty State
MEDICAL	While Not while	, , , , , , , , , , , , , , , , , , , ,			
MED	22a. I certify that (I) (this saw the deceased all causes stated above		ed fram 3/12 , 1 9.69 , and that in (my) (aur) bady after death. DEGREE PHYS.	apinian death accurred an the dat	69 , that (I) (we) la e and haur and fram th ATE SIGNED 14/69
MED	22a. I certify that (I) (this saw the deceased all causes stated above	s haspital) attended the decease live an 1 , (I) (we) (did) (did nat) view the	ed fram 3/12 , 1 9.69 , and that in (my) (aur) bady after death. DEGREE ATTENDING PHYS. 22e. ADDRESS	apinian death accurred an the dat	ATE SIGNED 14/69

MAKILAND STATE DEPAKTMENT OF HEALTH

1	,		DIVISION OF VIT		1 W. PRESTON STRE		E, MARYLAND 212	201	
14.24		04357		CE	RTIFICATE OF D			04	340
deoth.		(EASED-NAME Pirst (PPe or print) CoZ	ZETTIA	Middle	HAR	R15 120.1	DATE OF DEATH DARCHManth	Day / Kear	28. HOUR
	3. SE -7.	emale	4. RACE	te	S. DATE OF BIRT	7/88	6. AGE (In year last birthday	YRS. IF UNDER 1 YEAR MONTHS DAY:	
	70. E	IRTHPLACE (State or fareign try)	7b. CITIZEN OF WHAT O		MARRIED NEVER MARRI		RINC P	GEORG	P W
~	10. 0	ITY OR TOWN OF DEATH	11. NAME give stree	OF HOSPITAL OR INSTITU	SAR de NS	12a. USUAL OCCU	IPATION (Kind of work vorking life, even if ret	dane 12b. KIND (OF BUSINESS OR
		USUAL RESIDENCE (Where decea		Residence before 13	c. CITY OR TOWN 13	3d. INSIDE CITY LIMITS?	130. STREET AND NUMI 2806 Rt	BER AUCINT	
3	14. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAII			idle 5 h App /	last
	16a. Y	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT /	Alcla	Add	ress Of Merchant	Camp 4
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line fa ED BY: IATE CAUSE (a) DUE TO, OR AS A	ir (d), (b)) and (c).)	Reac G.	cell	2	APPRO	IXIMATE INTERVAL ONSET AND GEATH
١		rise ta immediate cause (a), stating the <u>underlying cause</u> <u>last.</u>	DUE TO, OR AS A	Cula	ovac.	Dan !	aces	en	
1	NO	PART 2. OTHER SIGNIFICANT CO	maar	leut	es obli	lething	Soch	feet	9
١	CERTIFICATION		. CONDITION FOR WHICH (YES 🗌	NO 🗆	20b. IF YES, WERE FINI CAUSES OF DEATH?		CERTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. M	anth Day Year	21c. HOW INJURY OCCU		af injury in Part 1 ar	Part 2, Item 18.)	300
	W	While Nat while at wark			21f. LOCATION Street	ar R.F.D. Na.	City or Town	Caunty	State
		220. I certify that (I) (the sow the deceased courses stated above	nis hospital) attend olive on e, (I) (we) (did) (did	ed the deceased 19 (not) view the boo	from and that in (my)	(our) opinion o	to		ot (I) (we) la r and fram th
		22b. SIGNATURE	's feel;	l'aj	DEGREE ATTENDING	DIRECTOR	STAFF PHYS.	3/10/4	,9
		22d. PHYSICIAN'S NAME (Type)	RESE.	DR.L	BOIN 72e. ADDR	· C.	cinto	N. Min	
		BASA-ARAIN 3	DATE /13/69	Mt.Oliv	etery or crematory	W	LOCATION (City or Town		(State)
() /68	24.	FUNERAL DIRECTOR Na 11	ey's Fune	ral ADDREMT.		DATEMAR 1 4		STRAR'S SIGNATURE	dan

MAKTLAND STATE DEPAKTMENT OF HEALTH



	10.000	nosing		tenti
			3000	
	The state of the s			
	the contract of		4 - 100	
N. A.	re the jack wall	Land Land		
.bic on un	month of the		to the first	

2 1	Tto	04359	DIVISION OF VITAL RECORDS	, 301 W. P		BALTIMOR		04351
Le ne	1. DEC	EASED-NAME First	Middle	7 60	Lost	20.	DATE OF DEATH	2b. HOUR
n deon	(Ту	pe or print)	IOMAS	H	AWKINS		Month Doy	1969 M
5 5	3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNOER I YEAR IF UNOER 24 HRS.
TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death ined by the haspital or attending physician. 38: After this certificate has been signed by the attending physician and completely filled the the time ould be detached for use as the burial-transit permit. Then please remove carbon paper. Fig. 1 and the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bauss after death		MALE	NEGRO			-1890_	lost birthday) 78 YRS.	MONTHS DAYS HOURS MIN.
ano J	7o, Bl	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED		INTY OF DEATH	
24 E		ARYLAND	U.S.A.	WIDOWED		_	PRINCE GEORGE	Md.
filled paper thin 72	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If	not in hospitol 12	lo. USUAL OCCI	JPATION (Kind of work done	12b. KIND OF BUSINESS OR
ed withi		HYATTSVELLE	give street oddress) HYATTSVILLE	NURSIN	IG HOME	RETI	working life, even if retired.)	INDUSTRY NONE
omplete ve carb	130. L	ISUAL RESIDENCE (Where deceo	sed lived, if institution; Residence befor 2b. COUNTY		R TOWN 13d. INS	TIOE CITY LIMITS?	13e. STREET AND NUMBER	
Cut om om	Julius	sion) D'AC guen, D.	C DO. COUNTY	Washi	ngton YES	NO .	6409 9th S	treet.N.W.
ond completely remove carbon in any event, will	14. FA	THER'S NAME First	Middle Lost	1	S. MOTHER'S MAIDEN	NAME First	Middle	Lost
be din of		U	NKNOWN				INKNOWN	
ate ate		WAS DECEASED EVER IN U.S. ARI			INFORMANT		Address	
n p val,	16	s, no, or unknown)	war or dates of service) 577-22 -	6149	MRS EDNA	KING 6	409 9th st N.	
n Page	П	18. CAUSE OF DEATH (Enter or	nly one couse per line or (o), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
ndir it.		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CALLSE (a) CARCIN		08/5			6 Mas
de utter		1530	DUE TO, OR AS A CONSEQUENCE O)F		101	/	
the or it partion		Conditions, if ony, which gove	4 HOLENOC	arcin	oma of	Col	021	4 years
hat n. sy t ans		rise to immediate couse (o), l stating the underlying couse	DUE TO OR AC & CONCEOURNCE C)F			4-104-030	
es t sicia ed b ol-tr al, c		lost.	(c)					
auir ohys ign ign uric	1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL, DISE	ASE OR CONDITI	ON GIVEN IN PART 1(o)	
ng i	2	1 Anemia	(2) Chronic	Pyel	onephri	tis		
low bee	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20o. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atte	E	None	None		YES 🗆	NO X	CAUSES OF DEATH?	
or or use ealt		210. ACCIDENT WAS UNDERLYI		ne 21c. H		(Enter noture	e of injury in Port 1 or Port 2,	Item 18.)
CIA it olific f H	MEDICAL	or contributing cause of OEA (If either, notify medical exam	iner) HOUR A.M. Month Doy Ye	or 19	None			
YSI dasp cert chec pt. c		21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. L	OCATION Street or R	.F.D. No.	City or Town	County State
PH be this this De De		William William	/VAIAA		N/611-2		,	
ING ING ter tate	l f	22a. I certify that (I) (#	olive on (did not) view th	sed from_	9/13	, 1968,	ta3/8,19	69, that (I) (last
ND ND ND ND ND ND		sow the deceosed of	olive on 3/5	19 67 , or	nd thof in (my) (opinion	deoth occurred on the de	ote ond hour ond from the
So Si di		couses stated abay	e, (I) (did not) view th	e body after	death.		100-	DATE CICHED
With With	14	22b. SIGNATURE	1/Slachwell	DEG	ATTENDING	MED.	R STAFF D	DATE SIGNED 1969
be be	14	Jeours le	1	1			11113.	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be exerted to the property of the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confinency, page 3 should be detached for use as the burial-transit permit. Then please remo shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		22d. PHYSICIAN'S NAME (Type) FRAM	leis W. BLACK	WELL	22e. ADDRESS 1603	Rhoc	le Island Au	E NE, Clash, D.
OSF e 4 UNE octor	230	BURIAL CREMATION 23h	DATE 23c. NAME (OF CEMETERY OF	R CREMATORY		LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u shauld be filed with the State Dept. of Healt		BURIAL CREMATION, 23b. REMORALISTED 3	-12-69 Roo	cky Hi	11.,		Clarksbur	g. Ma.
VRAISA	24. F	UNERAL DIRECTORE CO.	Seconder ADDRE		2So.	REC'D BY REG	STRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV. ASS		KOREKIR L.	SNOWDEN ROCKVILLE	, MD	DAT	MAK 13	1000 7	00

611.33 (. F311 - 1442 - 1445 f-1

Vo I	Ite	em5 FilmG411 4/2/69kk MARYLAND STATE DEPARTMENT OF HEALTH 4tem2 FilmG411 4/1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17/69kk
FOR STATE		04360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04352
HEALTH DEPT		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b HOUR
.5 5 9 J	(Type or Print) John Hiers OF ESTI- DEATH MATED 311	1/3 69 10:05
y delay is 9, and 3 ta PM3. Poge	3. 5		Yeor 1969 2d Hour 12:37
E 0, _ 9 //		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED \$\(\textit{X}\) 9. COUNTY OF DEATH	
form form		With Carolina USA WIDOWED DIVORCED Prince George	Md.
death with he Sta		Cheverly give street address) ce George Hosp during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
haurs after death Jny yellow 1, 2, a Office along with farm PM land 2 with the State Depart offer death.	13a. o	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md 13b. COUNTY Prince George Hyattsvilles NO 4500 Burlington	on Rd.
4 haurs Office office	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Elliott Hiers Mittie	Lost
INER: This certificate shauld be executed within 24 haurs after death the certificate, writing the word "pending" in pencil in term 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages I and 2 with the State De nation, or remayal, and in any event within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of service) 578-24-9069 Johnetta Lewis 4718 Braxton	
ICAL EXAMINER: This certificate shauld be executed with execute the certificate, writing the word "pending" in pertar. Page 4 should be forwarded ta the Chief Medical Exart for yaur files. CTOR: Page 3 should be used as a burial-transit permit. File burial, crematian, ar remaval, and in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart Failure	APPROXIMATE WILEVALLE BETWEEN ONSET AND DEATH Min.
be exe ''pendi nief Me ansit pe		Conditions, if ony, which gove is to im mediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF Arterioscleratic heart disease	Unknown
shauld e word i the Cl urial-tr in any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ficate ing the ring the raded to as a b	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certifice, writh forware e used remaya	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO
MINER: This the certificate, 4 should be four files. e 3 should be ue a smatian, ar ren	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	ım 18.)
XAMINER: ute the ceri ge 4 shoul your files. Page 3 shou	MEI	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County Stote
bical Examiner: se execute the certicar. Page 4 should ned for your files. ECTOR: Page 3 shou		22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
y please al direction to the please all direction to the please all please al	1	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE S	SIGNED
		EXAMINER'S NAME (Type) John Mehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 3-13	3-69
TO He	230	b. BURIAL (REMATION, REMOVAL (Specify) 3-18-69 HARMON LANDOVE	(County) (State)
VR A15ME (5)	24	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRARS S	SIGNATURE

		C &
		201034
		La Lienza de la
	town as soon to detail the	
ngo, . Ma arceen a force and a green		
CHARLES TO STATE OF THE STATE O		
		De Roberton
Service of the servic		
	playment (, trave, or exit	
	Samuel L. C. A. J. Samuel Co.	

docett poof the downs

TILL

Trible Comparis Forward Land West Cold and alternation

Control of the state of the sta

of the modern manufactors and the contract of the contract of

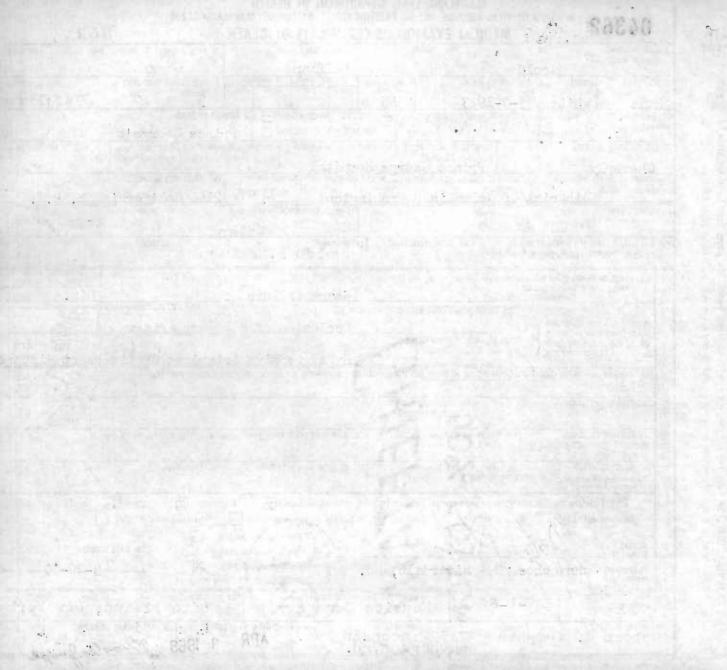
.I delinat

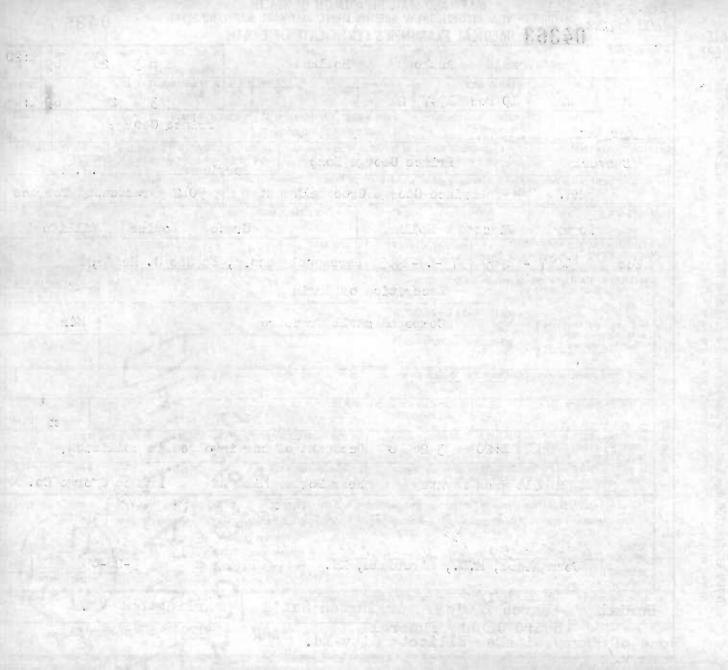
BOR OF STATE AND A STATE OF THE PARTY OF THE

converty Pri ce Grape's Con. Rosp. How or .

Maria Lander

12 3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		4354
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	oy Yeor 2b. HOUR
2 and 3 to PM3. Page	Harold W Hoffman DEATH MATED \$\overline{\Omega}\] 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	19 M 2d. HOUR
delo and me me	loss birthday) MONTHS DAYS HOURS MIN MONTH MONTH DAY	69 19 5: 15pm M
Iny delay 2, and 3 i PM3. Pog partment	Male White 9-7-1923 45 YRS. 3"" 27" 70. BIRTHPLACE (Stote or foreign 7b. (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	09 19 7: 17 PIII M
e D	WIDOWED □ DIVORCED □ Prince George's	Md
hin 24 hours ofter death nati in Item 18. Give Pages niner's Office along with the state hours after death.		b. KIND OF BUSINESS OR DUSTRY
D 3 3 14	Cheverly Prince George Hospital	3031K1
hours ofter tem 18. Giv Office along 1 and 2 with the	admission) STATE	
ice iice	District Of Columbia Washington YES NO 2144 California 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	St. S.W.
24 hours o in Item 18. r's Office al es Land 2 wi	TINIV NIOV INI	Bussey
hin 24 ncil in niner's pages hours	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
id within in pencil in Examiner. Examiner. File page in 72 hour	(YeYegunknown) K(的Tegerelengelengelengelengelengelengelenge	
xecuted wil nding" in pe Medical Exa permit. File it within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ief Medical E nsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	Min.
be exe	DUE TO, OR AS A CONSEQUENCE OF	
be 'p' 'p' 'p' 'p' 'p' 'p' 'p' 'p' 'p' 'p	Conditions, if ony, which gove rise to immediate couse (a), (b) Occlusion of coronary artery	
should be e ne ward "per to the Chief I buriol-tronsit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	unknown
she whe we to the buri	(c) Hygerptensive arteriosclerotic	neart disease
This certificate should be executed within 24 icate, writing the ward "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a buriol-transit permit. File pages or removal, and in any event within 72 hours	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his certificate, writing forwar	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	20. AUTOPSY?
This icate, be fo	WAS PERFORMED?	YES 🔀 NO 🗌
4 0	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 121e. PLACE OF INJURY Month, Doy, Yeor HOUR A.M. 21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home, form, street). 21d. LOCATION Street or R.F.D. No.	18.)
Sh fill fill not not not	t , tt 1.42	County Stote
cal Examine execute the or. Poge 4 sh of for your fill TOR: Page 3: ouriol, cremon	WHILE NOT WHILE AT WORK AT WORK TOCTORY, OTTICE building, etc.)	
ICAL E executor. Por ed for CTOR: buriol,	22a. I certify that I took charge of the remoins described above, held on Autopsy 🔀, Inspection 🕱, Inquiry 🗍,	ond in my opinion
pleose e l director retoined L DIRECTION to bu	deoth resulted from: Natural cooses , Accident , Suicide , Hamicide , Undetermined manner	
pleose retoined L DIRECTION TO BE	ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE SIGNATURE CONTROL STATE SIGNATURE CONTROL	
ny, ple erol di be reto RAL Di prior	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (ONED OF A
o DEPUTY SICAL EXAM necessory, please execute the funerol director. Page 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to buriol, cren	EXAMINER'S John Kenoe MD Riverdale, Md. NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	3-28-69
ro DEPUTY necessory, the funero 5 moy be 7 FUNERA Health pr	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (C	ounty) (Stote)
	REMOVA (Specify) / 4-1-09 Kensico Cemetery White Plains	, New York
VD +15+15 (5)	Robert A. Pumphre y 7557Wisconsin Ave. 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIG	
VR A15ME (5) 10M REV. 1/68	Robert A. Pumphre y 7557Wisconsin Ave. DATE APR 3 1969 golian	Can Jankson

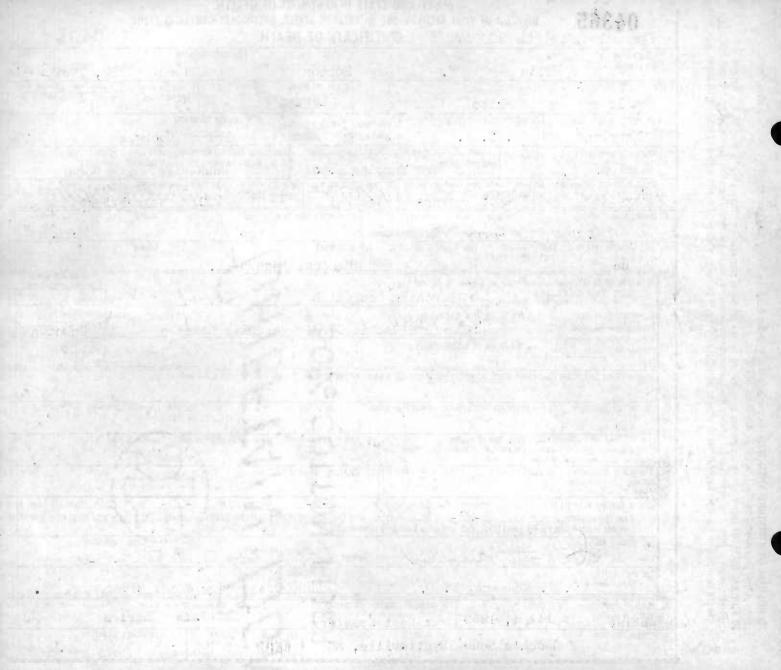




	04364 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 043	5.6
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year	26. НОИВ
S o a C	(Type or Print) John Thomas Horigan Jr. OF ESTI- DEATH MATED X 3 22 19	
deloy is 10 M3. Poge 17. Poge	3 SEX 4 RACE S DATE OF RIPTH 6. AGE (In years 1F UNDER 1 YEAR 1F UNDER 24 HRS. 27 DATE PRONOLINGED DEAD	2d. HQU
	M W 16 July, 1918 50 YRS. MONTHS DAYS HOURS MIN. Month 3 Doy 22 Yeor 69	am
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
deoth Sny ve Pages 1, 2, of with form PA	(country) Wash., D.C. U.S.A. WIDOWED □ DIVORCED □ Prince George	M
Give Pages and with for the Stote th.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUS	INESS OR
de de M	Cheverly give street oddress) Prince George Hosp during most of working life, even if retired.) INDUSTRY Bus Driver	
8. Giv along along with t	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s often 18. Gine along a long deoth.	odmission) STATE Md 13b. (OUNTY Prince George Hyattsville Pts 10 NO 12 721 Chillum Rd.	
hours ofter deoth Item 18. Give Pages 1, Office along with form land 2 with the Stote De		t
4 6 8 8 8	John T. Horigan Anna N. Ebel	
hin 24 ncil in niner's pages hours	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 2 pencil ii xominer xominer ile page: 72 hour	(Yes, no, or unknown) ((Lyss give word of service) 579-05-0884 Mildred R. Horigan Same as #13	
- Warell	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) APPROXIMATE RETWEEN DISCRETA	
be executed "pending" in ief Medical. Instruction	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyxia Min	THE BUTTO
X PE C/E	1610 DUE TO, OR AS A CONSEQUENCE OF	
"pend "pend nief Me ansit p	(conditions, if ony, which gove) (b) Occlusion of a rway (tracheostomy)	
vord vord ne Ch ol-tro	rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF by thick mucous.	
should be on word "pe on the Chief, buriol-transity in ony even	lost. Acute bronchitis	
s certificate sho s, writing the w forworded to th used os a burio emoval, and in c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate to writing the forwarded to be used as a bremoval, and	[10] [10] [10] [10] [10] [10] [10] [10]	
certifico , writing iorwordec used os imoval, a	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? Carcinoma of vocal cords YES 2 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	λ.5
0, 0, 0	1962 WAS PERFORMED? Carcinoma of vocal cords	NO 🗌
T 0 0 T		
ertific ertific ould b ss.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d, INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. (ity or Town County)	
she she fille 3 sh		Stote
ICAL EXAMINER: execute the cert for. Page 4 should ed for your files. CTOR: Page 3 shou burial, cremotion,	WHILE NOT WHILE of foctory, office building, etc.) AT WORK AT WORK	
Pag or y al,	22a. I certify that I taok charge of the remoins described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 🔀, ond in m	v apinia
ICAL sexector. Por Port of for CTOR: CTOR:	death resulted fram: Natural causes, X. Accident . Suicide . Homicide . Undetermined manner	,
N RE	CHIEF MEDICAL EXAMINER	
TY, plearly, plearly, plearly, plearly, plearly, plearly, plearly, prior prior	ACTUAL AC	Or 2b. HOUR 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
UT,	SIGNATURE TO THE SET TO DESCRIPTION MEDICAL EVANUED TO 2 22 60	
o DEPUTY necessory, p the funeral 5 may be re 0 FUNERAL Health prior	NAME (Type) EXAMINER'S Manual Examiner Ma	
the F	230. BURIAL, CREMATIDIA, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (S	itote)
	Burial 2-24-69 Mt. Olivet Washington, D. C.	
	24 FUNERAL DIRECTOR 250 REC'D RY REGISTRAR 256 REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV. 1/68	Francis J. Collins 500 University Blvd. W. Silver Spring, Md.	
TUM KEY, 1700	STIVEL SHILLIO NO. 1000 1000 1000	

A THE STATE OF THE

		DIVISION OF VITAL RECORDS, FilmG411 4/7/69 kg	301 W. PRESTON STREET, BALTERTIFICATE OF DEATH	IMORE, MARYLAND 21201	04357
	DECEASED-NAME First (Type or print) Ef:		last Horton	20. DATE OF DEATH Month March	28, Year 969 2: 10 Pm
3. 9	Female	4. RACE White	S. DATE OF BIRTH 11-21-75	6. AGE (In years lost birthday) 93 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
car	Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince Georges	Md.
1	CITY OR TOWN OF DEATH Adelphi	11. NAME OF HOSPITAL OR INS give street address) Flanor Care N	ursing Home during m	AL OCCUPATION (Kind of work done nost of working life, eyen if retired.) Housewife	12b. KIND OF BUSINESS OR INDUSTRY IOME
odn	missipal and	d lived, if institution: Residence before	NACYDAY YES EX N	O WOW MET LETS	erdale Road
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
	George a. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give wo	W Berry ED FORCES? 16b. SOCIAL SECURITY N	0. Ja Medical Reco	Address	Horton
	18 CAUSE OF DEATH (Enter only	one cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	BY: Coronar Coronar	y Occlusion		Sudden
	Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	erotic Cardio Vasc	ular Disease	Unknown
TION	PART 2. OTHER SIGNIFICANT CON	(c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	ONSIDERED IN CERTIFYING
CERTIFICATION			YES NO X	CALISTS OF DEATHS	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19		er nature of injury in Part 1 or Part 2,	Item 18.)
×	While Nat while at wark		(IORY.) 21f. LOCATION Street ar R.F.D. No		Caunty State
	saw the deceased al	s haspital) attended the decease we on 3-22-1' (I) {\psi e (did) (did nat) view the l	od fram <u>12–6–</u> , 19_ 9 <u>69</u> , ond that in (my) (our) op body after death.	67, ta 3–28–, 19 inion death accurred on the do	69_, that (I) (we) last te ond hour ond from the
	22b. SIGNATURE	Housen		MED CTAFE COL	DATE SIGNED -28-69
		Houmann, M. D.		ensbury Road, Riv	
L	Dul Lux .	il 1, 1969 Mt Re	CEMETERY OR CREMATORY St Cemetery	23d. LOCATION (City or Town) La Plata Charl	
24.	F Gas	sch's Sons Hyatts	ville, Md 250. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE



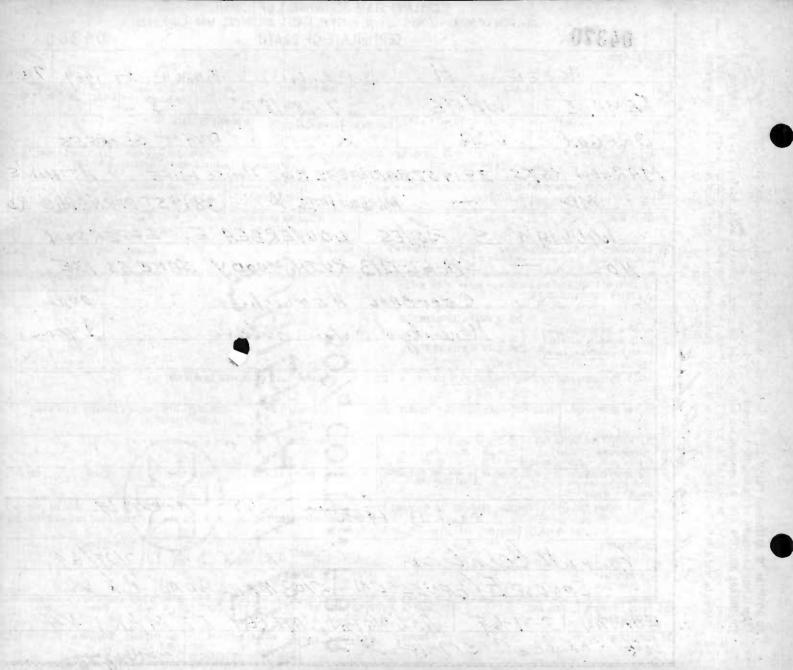
# 1		04366 DIVISION				MARKINE OTOOT	14250
"1	It	em5 FilmG410 3/10/69	kk CER	TIFICATE OF D	EATH		4330
# 1975			Middle	Lost	2a. D/		Year 2b. HOUR
de d		HAHIE		Hurt		3 3	-6
offee fu	3. 5		Negro		1,00	6. AGE (In years last birthday)	
ours ours		BIRTHPLACE (Stote or foreign 7b. CITIZEN			9. COUN	TY OF DEATH	
4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COU	Vicquia L		DOWED DIVORCE	10 P	rivce Geo.	Md.
Within poor	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT	0 1	during most of wo		12b. KIND OF BUSINESS OR INDUSTRY
smplete ve cark	13a. adm	USUAL RESIDENCE (Where deceosed liver, if ission) STATE WASh. D. 136. COL	institution: Residence befare 13c. JNTY		All the second s		I. N. E.
exe emo any	14.	FATHER'S NAME First Mi	ddle Lost	15. MOTHER'S MAID	EN NAME First	Middle	Lost
o be	Them Film Cit 0 3/10/69 kk CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 1. DECEASED NAME FIRST NAME First Middle 1. DECEASED NAME FIRST MIDDLE NAME FIRST MIDLE NAME FIRST MIDDLE NAME FIRST MIDLE NAME FIRST						
ertificate b physician nen please noval, and i				17. INFORMANT		Address	
uires that the death ce hysician. gned by the attending urial-transit permit. The		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse Last. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	O, OR AS A CONSEQUENCE OF O, OR, AS A CONSEQUENCE OP C) C)	cendr	alose	0	BETWEEN ONSET AND DEATH S Mumbo 3 day
v req ing pl ing pl ing pl ing pl ing pl	N	CAL	ucinone	18 Ly	1 fre	NX	
The lay attend has be see as the prior	RTIFICATION		OR WHICH OPERATION WAS PERFORM	YES 🗌	NO 🗆	CAUSES OF DEATH?	
ICIAN: bital ar tificate d for u		OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. Month Day Yeor P.M. 19		RRED (Enter nature o	of injury in Part 1 or Part 2, It	em 18.)
PHYS he has this ce detache e Dept.	ME	While Nat while	JURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	21f. LOCATION Street of	or R.F.D. No.	City or Town	County State
TENDING ined by the ould be could be co		saw the deceased alive on couses stated abave, (I) (we)	0/3 19/2	and that in (mv)		a, 19_ceath occurred on the dot	e ond hour and from the
OR A De reto DIRECT Shows a short of the sho		22b. SIGNATURE	Capu, n	DEBREE PHYS.	DIRECTOR	STAFF D 22c. D	ATE SIGNED
(Type or print) 3 SEX 4 RACE 5 DATO BIRTH 1885 6 AGE (Ip years) 10 UNDOKED 7 DOWNER 10 UNDOKED 10 UNDOKED 7 DOWNER 10 UNDOKED 10 UN	D						
Page of Function o	23d	10/0/6	// //	and a model	Aprik (amel	(County) (State)
VR ALE AND	24)	ENNERAL DIRECTOR STANDARD TO THE STANDARD TH	//	01. 0 2	- (W// 1/ 1/	1969 25b. REGISTRAR'S S	IGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04367 04359 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it/Institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limited write RURAL and give nearest fown) certificate be executed within 24 haurs INSTITUTION (If nat in haspital, give street address) d. STREET ADDRE e. IS RESIDEN 3. NAME OF remave carban ¥. First DATE Manth Year DECEASED OF event, (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months Doys Hours and in any WIDOWED DIVORCED pup IDa, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 1). BIRTMPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Olmerole 13. FATHER'S NAME MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN that the death (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause as the certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? OR ATTENDING PHYSICIAN: The YES NO by the hospital or for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) TO FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram 16-4 , 1968, to 3-26 , 19 59, that (I) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld shauld be filed with the saw the deceased alive an 1 - 25 1969, and that death accurred at 10.15 pM, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Suitland, Maryland Cedar Cemeterv 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 There ? an DAMAR 1661-Gd. Hope Rd. SE Bros. DC. immons

					# ED () -
terrepet of	delpita (1)	and some		weed recoil	
e	0307 ,2	A STALL		of the	4/8/1
	rooti negatiti				lane, years
		. mol*. rot	engaet m	No.	vlaavest
CONTRACT LA		Time!	tori - T	and house	
Cleumed ente			rejoin*		
	Berling Philips Tell Co.				
	.011	H Horas		forest	The sales
er Selver					
Collocade B., Sr.		1 Jane	sala Sasse	end .A. then	
				1. 5 Co	
- She y when y feet	it is		are yet an art and		

MAKTLAND STATE DEPAKTMENT OF HEALTH

1				PARTMENT OF HEAD		
	07.270	DIVISION OF VITAL RECORD			RE, MARYLAND 21201	04200
	04370		CERTIFICA	TE OF DEATH		04362
	CEASED-NAME First ype ar print)	Middle		Last 20	DATE OF OEATH Month Doy	2b. HOUR
	KA	T.F. H	SP	ELL	MARCH 27	1969 /9
3. SE	Y-MAIL-	4. RACE	S.	DATE OF BIRTH	6. AGE (In years last bythagy)	MONTHS DAYS HOURS MIN.
	FEMALE	WAILE		7-18-1875	YRS.	
7o. E	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		MEAEK MINKKIED	OUNTY OF DEATH	
	OKEGON	4.314.	WIDOWED		PRINCE GE	BRGES MC
10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)		during most of	CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
1/	MARGOW HG		BARNAB	45 RD 1400	SEWIFE	ATHOME
admi	issign) STATE (Where deceos	ed lived, if institution Residence before			13e. STREET AND NUMBER	01/0000 01
	ATHER'S NAME First	773	MARLOW	OTHER'S MAIDEN NAME First	38173/3H Middle	KNHBHS KD
/ 14. r	FATHER'S NAME First	Middle Loss	15. M	AUI/COL	0 -	lost
160	WAS DECEASED EVER IN U.S. ARM	JED FORCES? 16b. SOCIAL SECURI	TY NO. 17, INFO	DOVERBE	Address	ERSON
		or or dates of service)	-29/3 F	PITH MAAN	V SAME A	< 17F
	N O	7/0-54		O TH PICOD	y shire n.	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond DBY:		11		BETWEEN ONSET AND DEATH
	11219 IMMEDIA		BRAL F	+ EMOVINIG	· e_	2900
100	Canditians, if any, which gave)	OUE TO, OR AS A CONSEQUENCE	OF A	t. 1 1 1		7400
1	rise to immediate cause (o), ((b) / SPALLAL DUE TO, OR AS A CONSEQUENCE	NE CON	en sixa	ve	a from
	stating the underlying cause	(c)	OI .			
3	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)	
4 -						
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
III				YES NO	CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYIN			INJURY OCCURRED (Enter natu	ure af injury in Part 1 ar Part 2, I	tem 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19			
ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCAT	TION Street or R.F.D. Na.	City ar Town	Caunty State
1	While Not while at work					
	22a. I certify that (I) (th	is haspital) attended the dece	ased fram	Der , 1964	, to Mul 2719	69, that (I) (we) los
	saw the deceased o	live on 17.10.46 (3)	ne body after dec	noi in (my) (our) opinior ath.	aeain accurred on the do	ie and naur ond from th
1	22b. SIGNATURE	(((((((((((((((((((is soul and acc		22c.	DATE SIGNED
1	Enmante	Camilson	7 DEGREE	ATTENDING MED. PHYS. DIRECT	OR STAFF 3/6	27/69
	22d. PHYSICIAN'S	r n		22e. ADDRESS	2 - 12	1
	NAME (Type) ERNL	EST ELORNE	ZSEN	5103 MAIS	CLBORD P.	h de
230.	BURIAL, CREMATION, 23b.	DATE 23c. NAME	OF CEMETERY OR CR	EMATORY 23	d. LOCATION (City or Town)	(County) (State)
1	3 WASPOSITY 3	-31-69 AK	LINGTON		FT MYER	, V4,
24.	FUNERAL DIRECTOR	ADDR	ESS dela	25a. REC'D BY RE		
1	will come	no 60 01/-19	CAJE	'DATEP R	1000 Charles	Vacana



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04364

CERTIFICATE OF DEATH

22									
and to			PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
0	1	1	o. COUNTY PRINCE GEORGE MARYLAND	o. STATE Md. b. COUNTY PRINCE GEORGE					
es affe	1		b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
by Page			write RURAL and give nearest tawn Clinton I nonth	FOREST HeighTS					
in Srs. 2h			d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
filled pap hin 7	70		Pine View GARdens.	338 HURON DRIVE . S.E. YES NO ET					
Non Wit	11		NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year					
carl carl	6		(Type or print) Willi Am	JOHNS DEATH 3 1969					
ician and camplet lease remave car and in any event,	1	S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.					
n an	1	10a.	USUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT					
physician cen please aval, and in		duri	ing mast of working life, even if refired) INDUSTRY_EMETERY	Dutch Flat, CAlif. COUNTRY? USA					
		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
hen hen			William JOHNS	MARY ELLEN JOHNS					
attending sermit. Th an, ar rem			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 398 HURON DA.					
attend permit. ian, ar		(18	as, no, or unknawn) (If yes give war ar dates of service) 577-68-7685-7	1 MRS. ARDIS L. JOHNG. FORSST HEIGHTS, Md.					
by the attending phys transit permit. Then p crematian, ar remaval,			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN					
by the transit crema			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSET AND DEATH					
			4124 DUE TO 2	2/					
signed burial- burial,			Conditions, if ony, which gove) (b) Crouleton	Collabore 1 Mis					
			nise to immediate couse (o), stating the underlying couse						
as the prior ta			lost. (c) allererocle	Ester Chibertaccular diser o 15 ups					
e as	1	PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPER FORM PERFORM PERFOR							
icate ho far use Health	X & Troctured (R) (up								
三つち	1	CERTIFICATION	206. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)					
is cert ached lept. a		MEDICAL		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)					
det		MED	Haur a.m. While Nat While	ctory, street, office bldg., etc.)					
fter be Stat			p.in. di work a di work	7 - 7 - 69 10 69 to 3 - 8 10 6 9 that (1) (wa) lost					
R: A			21. I certify that (I) (this haspital) attended the deceased fram $3 - 7 - 69$, 19 69, to $3 - 8$, 19 69 that (I) (we) last saw the deceased alive an 19 9, and that death accurred at 3 8, fram causes and on the date stated above.						
sha thi	,		22a. SIGNATURE	22b. DATE SIGNED					
RE dw	D. ATTENDING MED. STAFF STAFF 3-8-69								
TO FUNERAL DIRECTOR: After this ce director, page 3 shauld be detache shauld be filed with the State Dept.			22c. PHYSICIAN'S NAME (Type) PALFRED R LAPINIMA 22d. ADDRESS CLINTON, MD						
ctar		230	D. BURIAL, CREMATION, 23b., DATE THEREOF 23c., NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)					
dire.			REMOVAL (Specify) MAR-11 1969 FT LINCOLN	2					
5		24							
A15 (4)	ho	1	1. FUNERAL DIRECTOR Control of Bell GO ADDRESS ANNAC	Jest La MAP I & 1959					

14 9877 Report George ... Charge I mant toket He ghts 331 Hode & Dest SE Time spices Gentlem AN A SHARE WAS A SHARE OF THE S

HEALTH DET. DECASAGRAMA First Medic Got Johnson Joh	415	It	FilmGhil 1/2/60k MARYLAND STATE DEPARTMENT OF HEALTH ems 18822 Division of vital records, 301 W. Preston Street, Baltimore, MARYLAND 21201	04365
Claude Burton Claude Burton Claude Burton Common	FOR STATE		07373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
COUNTY C			Type or Print)	
COUNTY C	oge to	_	Claude Burton K Johnson Jt DEATH MATED 13-9-69	
COUNTY C	and	3. 5	last birthday) MONTHS DAYS HOURS MIN Month Day	
COUNTY C	PM PM	-	0.10 WILLUS)=22-1700 40 183	59 197:18pm
The state of the s	- E / GX		SIRIHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	for for	10.	Washington DC USA WIDOWED Prince George's	M
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	Page street	10.	give street oddress) during most of working life, even if retired.) LINDU	JSTRY
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE	er d	130	Cheverly Frince George Hospital Superintendent P	C Sanitatio
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	office of the state of the stat	130	dmission) STATE 13b. COUNTY C 2000 10 10 10 10 10 10 10 10 10 10 10 10	D
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	urs d2 er d			
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	lon off	14. (FOST
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE	24 in ser's ges	160	TRUCE B COMMISCH	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE	in bo of ch		(es, no, or unknown) (If yes give war or dates of service) 578 07 0004 Narmar of L. Hohnson Palmer Park	Md.
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	File File		Tes	APPROXIMATE INTERVAL
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	ithii ithii		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	xec ndin Med perr		IMPLEDIATE CHOSE (U)	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	e e e e e e e e e e e e e e e e e e e		Conditions, if any, which gave	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	Chi Chi		lise to infinediote coose (d).	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	wo wo the the	16		
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	the slope the slope to proper the slope the sl		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	ficot ing ded ded	7		
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	warit warit war	ATION		20. AUTOPSY?
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	is c for for rem	TIFIC	WAS PERFORMED?	YES NO
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	The fica I be Id b	CER	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 15	8.)
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	ER: certi ould es. hou ion,	DIG.		
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	AIN he sh	ME		ounly Slote
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	XAN te t ge 4 you you cre		AT WORK AT WORK	. Or all trees
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE	Paceuron Paceuro Pace		22o. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 📝 Inquiry 🗍,	and in my opinion
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE	ed ed bur	8	deoth resulted from: Notural equises 🔲 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗵	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	direction to the total		CHIEF MEDICAL EXAMINER	
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	AL Color		SIGNATURE	ED
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	PUI San Une V b FR		LAMBUREA	0-69
REMOVAL (Specify) Mar 13, 1969 Washington National Suitland Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	DE free free free free free free free fre		L SAME WORM NEROE NUL - NEVERGALE, AU.	
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE	01 5 5 5 5 E	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	Burial Mar 15, 1909 "ashington wattonal Suitland Pro Geo	
10M REV. 1/68	VP A I SME (S)	24.		Judge.
	10M REV. 1/68		DATBVIAN 13 1303	0 0

and the second s with the same of the second of A PROPERTY OF THE latest and the la A STATE OF THE PARTY OF Charles to the control of the contro Buttone of fere in all almost that the 4 17 PROVE TRANSPORT OF THE PROPERTY OF THE PROPERT

		Supplied the state of the state of the
Now of party		
	A State of the Asset of the State of the Sta	
AUSTRAL PROPERTY		
	The BY SA SAN	The second of the second

	MARYLAND STATE DEPARTMENT OF HEALTH	
04375	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	04367
1. DECEASED-NAME (Type or print)	Middle Last 2a. DATE OF DEATH Month Day	Year 9 73°P
3. SEX	4. RACE S. DATE OF BIRTH Cau 6. AGE (In years last brighday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS NOURS MI
7a. BIRTHPLACE (State ar fareign cauntry)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED TIME GEOR	405
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 12a. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where decease admission) STATE	ed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY P. G. CAMAR MANON YES NO 4308 Dec	ward Rd
14. FATHER'S NAME First	Middle Lost 15. MOTHER'S MAIDEN NAME First Lister	Last
16a. WAS DECEASED EVER IN U.S. ARA Yes ng ar upknawn) (If yes give w	MED FORCES? 166. SOCIAL SECURITY NO. 4 17. INFORMANT Levine Kector Color of doles of service) 578/0 504 Hatherine Kector Color	ur manos dry
Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COM	DBY: OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	getween onset and death Min w Lec Lector
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
S □ OR CONTRIBUTING □ CAUSE OF DEAT	HOUR A.M. Manth Day Year per) P.M. 19	Item 18.)
While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
couses stated above	is haspital) attended the deceosed from 740, 1967, ta 19422, 19 live on 1997, and thot in (my) (our) opinian death occurred on the do , (I) (we) (did) (did not) view the body after death.	
22h SIGNATURE	ENCEVOR MUDEOREE ATTENDING MED. DIRECTOR DIPHYS. 3	DATE SIGNED 69
22d. PHYSICIAN'S NAME (Type)	A DEVORE MD 3415 HAMILTON	STHYathi
	r. 26, 1969 Ft Lincoln Cemetery Colmar Manor Pr	(Caunty) (State)
24. FUNERAL DIRECTOR F. Gas	sch's Sons Hyattsville, Md. 250. REC'D BY REGISTRAR 1969 Sb. REGISTRAR'S DATE MAR 2 6 1969 Sb. REGISTRAR'S	SIGNATURE

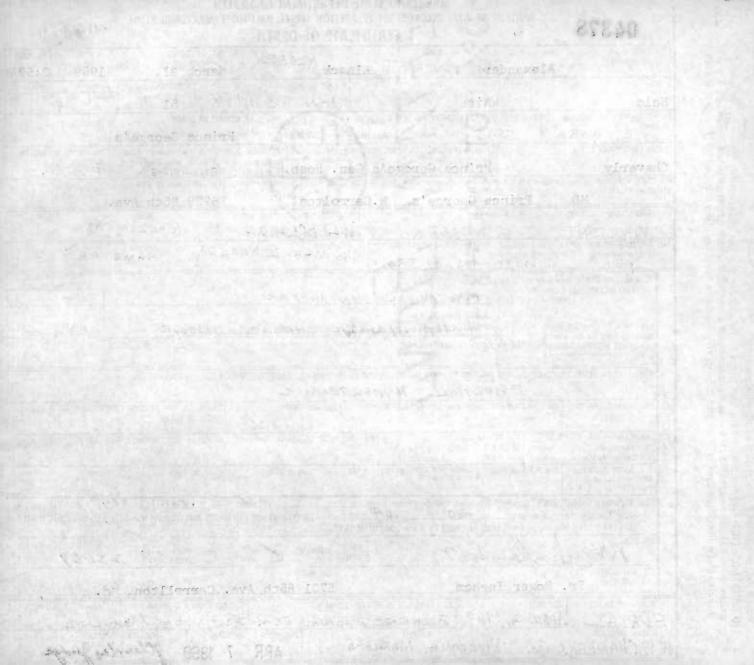
	ų š	3 36 1		
Colors of the				
			,	

mang a mish we	S. Control		1		
					*Land1
e 1 5				11.00	nideria.
	C POUTAGE	d .grett.	ned same en	and a large	(Pregain)
tate of the state	*:+1 P-19	X Lawy	born in more	onthis .	
Prand :	oderzsila.		hi emol e	EM TOTO	
TE MAN (128.	- Par Etamon	Head III	WT32-120-1	CAL VIOLET	Uni
	ChollEdwar				
	A M CAMBOD	a total	niseni di Jan ni da neliyan	Telling F S.	. Hit made

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECFASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-Page 0 Ketchum DEATH MATED IC am M Annna deloy and 3 ote Deportment IF LINGER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 6:00 24 Oct., 1902 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pm form WIDOWED 3 DIVORCED | Prince George WASHINGTON.D 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR the Chief Medical Exominer's Office olong with during most of working life, even if retired.) give street oddress) INDUSTRY poges land 2 with the Hvattsville 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE 3163 Queens Chapel Rd. Prince George Hyattsvill be executed within 24 hours after in pencil in Irem 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle MARGARETH ZELLEP EDE hours 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO TREDE (Yes, no, or unknown) 71072474 File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Liver failure Hrs. IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony which gove Cirrhosis of liver rise to immediate couse (a). certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= should be forworded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 or removol, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This (please execute the certificate, YES T NO 🔀 pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MEDICAL cremotion, EXAMINER: 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I took charge af the remains described above, held an Autopsy ... Inspection 3 Inquiry X and in my opinion death resulted from: Natural cooses Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER X 5 moy TO FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) EM RIVERDALE, 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

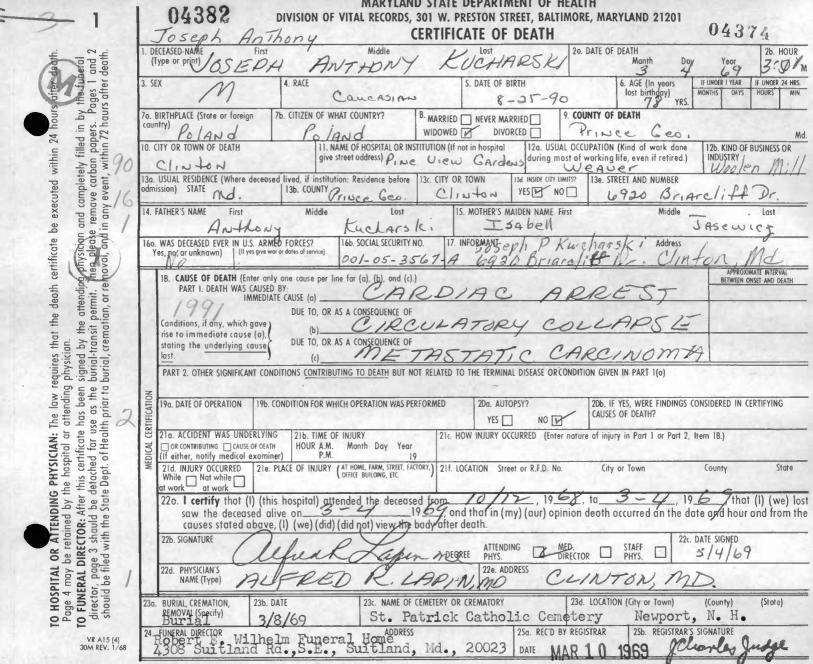
MARYLAND STATE DEPARTMENT OF HEALTH

the 2002 control of the result will be the second of the control o CONTRACTOR OF THE CONTRACTOR O CELEBORIES TO TOUR BOOK OF THE PROPERTY OF THE



	It	ems1,14&17 FilmGL11 MARYLAND STATE DEPARTMENT OF HEALTH
	4/	3/69 kdc DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
134		U4379 CERTIFICATE OF DEATH 04371
death.		ECEASED-NAME First Middle Lost Koontz 2a. DATE OF DEATH Month Day Year 2b. HOUR
qe		20RE 1 A & B. NOONTS 3 5 69 812
offer	3. SE	lost birthday) Months Day's Hours Min.
2	7	EMALE WHILE 6-24-04 64 YRS
thin 72-hours after o		itry) Design and the second se
	10 (TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital), 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
71	10.	USUAL RESIDENCE (Where deceased livest it institution: Residence before 13c. CITY OR TOWN WIDOWED DIVORCED PRINCE GEORGE MIDOWED 1 DIVORCED 12c. USUAL OCCUPATION (Kind of work done give street oddress) 12c. USUAL OCCUPATION (Kind of work done give street oddress) NDE PH USUAL RESIDENCE (Where deceased livest it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND INITIATER WE 1
10 15 2	13a.	USUAL RESIDENCE (Where deceosed live), if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER WELLER
5		ission) STATE Y / AND 136 COUNTY & FOOT MARY AND YES NO 3902 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
1	14. 6	FATHER'S NAME FIRE RILLAMINATION FOR THE REPORT AND
2		CILIARIANI H. KNOWITS MARY REGINA YAHNER
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANTMICHAEL E. KOONTZ Address Weller
	Y	(es, na, ar unknown) (If yes give war or dates of service) - MACLAFIL KIODITATES 3902 WALLET RI
		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT MINUTES
		4379 DUE TO, OR AS A CONSEQUENCE OF
	10	Conditions, if any, which gove rise to immediate couse (a). (b) CEREBRAL ARTERIOSCLEROSIS DECLAR
		Labeling the underlying raise? DUE TO OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
7	CERTIFICATION	YES NO PA CAUSES OF DEATH?
	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
		of work of work
		22a. I certify that (I) (this haspital) attended the deceased from 1965, 1965, to 1977, 1967, that (I) (we) los saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and hour and from the
		saw the deceased alive an MARC and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.
		226. SIGNATURE 12. DATE SIGNED
		THE NOOLULE MED DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR DIRECTOR 3-16-1969
1		22d. PHYSICIAN'S 1/ 2 A/C 14/6 A 4.2 D/C 22e. ADDRESS
/		NAME (Type) HAIVS WODAR 19.0. ITS CENTERNAY, CEREENBELT, MY
	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
		Removal (Specify) March 16,1969 (Alvery Cemetery Altona Penna
	20	EUNERAL DIRECTOR Pumphrey, 2nd 843 Commande. Sil. Spr. 280, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3		Warner Tumphrey Ine. Su. Spr. MAR 2 0 1969 Charles yourse

THE SECOND PROPERTY OF The state of the s IN . Mille enverted, set full Miles commission of the set . Her this was de , a (1 region pou res., raile. d.



CASSO COLORDO EN COLORDO COLOR CASEDA ARTHURA CASESTA 100 L 02 - 18 C T - 1 CARDIAC ARREST CHOULATORY COLLAPSE INETACTATE CHECKNOWN 1 1 1 1 5 3 41/01 BB Which to do the men to the to the total course AUFRED R. LARPALMO CLIEFER MILLS Each of the control o

8 - 1		0/202	DIVISION OF			RESTON STREET, BA		ARYLAND 21201		
		04383				ATE OF DEATH			04375	
÷ -2÷		ECEASED-NAME First		Middle		Last	2a. DATE (26. НФМ
De de de	(Type or print) George	9	Henry	T.s	avalle		Manth Pay	Year 69	7:00
a (A)	3. S		4. RACE	110112.	150	S. DATE OF BIRTH		A AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
4 hours after death de in by the Tubyol pers. Pigez ond 72 hour often earth		Male		casian		06-09-06		last birthday) 62 YRS.	MONTHS DAYS	HOURS MIN
by by		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	OF DEATH		
4 h d in pers. 72 h	Wa	ash., D.C.	U.S.A.		WIDOWED	DIVORCED	Princ	e Georges	Count	У• Md
within 34 Sulfad in poper within 72	10.	CITY OR TOWN OF DEATH	nive	AME OF HOSPITAL OR IN		ducina	SUAL OCCUPATIO	N (Kind of work done	12b. KIND OF B	USINESS OR
70 3/0	10.	Riverdale	Eug	gene Lel	and Me	em.Hosp.		a life, even if retired.)	Flora	1
e executed within 34 h and completely filled in remove carban popers.	ada	USUAL RESIDENCE (Where deceosission) STATE and				TOWN 13d. INSIDE CIT		13 Huron	Street	
d co	14.	FATHER'S NAME First	Middle	Last	15	. MOTHER'S MAIDEN NAME	First	Middle		Lost
be ex n ond se rem		George	H.	Laval	le		ary		Rit	zel
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be exe be retoined by the haspitol or attending physician. **IRECTOR:* After this certificate has been signed by the attending physician and consist should be detached for use as the burial-transit permit. Then please remosed with the State Dept. of Health prior to burial, crematian, or removal, and in any	160	(li yes give w	vor or dates of service)	16b. SOCIAL SECURITY		NFORMANT HILIPULL	AVALL	E SAM	E AS#	3/3.
cer The The		18. CAUSE OF DEATH (Enter on	ly ane cause per li		1				APPROXIMA	ATE INTERVAL SET AND DEATH
he deoth cei c affending p permit. The		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a)		CONC	ESTIVE H	EART	FALLURG	3 2	1.0 S
de de erm		4124		S A CONSEQUENCE OF						
the he attic		Conditions, if any, which gave	(b) :	o A CONSEQUENCE OF	ARTER	COSCLERENTIC	CARD	10-VASCULA	R UNKA	Lavor
that in. by t rans rem	15	rise to immediate cause (a), stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF				DISEATE		
res sicio ed l al-ti	3	last.	(c)							
equires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT COM			OT RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIV	EN IN PART 1(a)		
ing een the	×			C.V.A.			200			
DING PHYSICIAN: The low requires the by the haspitol or attending physician. After this certificote hos been signed by be detached for use as the burial-transtone Dept. of Heolth prior to buriol, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES ☐ NO [CAUG	IF YES, WERE FINDINGS CO ES OF DEATH?	ONSIDERED IN CER	TIFYING
or of or of the horse solith		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF	INJURY	21c. HC	W INJURY OCCURRED (En		ury in Port 1 or Port 2 1	tem 181	
CIAN itol of ifficot for file	MEDICAL	or contributing cause of DEAT (If either, natify medical examin	HOUR AM	Manth Day Year		The state of the s	TOT THE TOTAL OF THE	017 11 1 011 1 01 1 011 2, 1	10.11	
YSI nasp cert thed pt. o	MED	214 INTILIPY OCCUPPED 210	PLACE OF INJURY	AT HOME, FARM, STREET, FA		CATION Street or R.F.D. N	Na. Cit	y or Town	County	State
NING PHYSICIAI by the haspitol ffer this certifica be detached for stote Dept. of He	7	at wark at wark								
by hy Stool		22a. I certify that (I) (thi	is haspitol) <u>atte</u>	ended the deceos	ed from	12 - 30 , 19	68 , to_	3.19,19	69 , that	(I) (we) last
may be refoined branch Page 3 should be filed with the S		saw the deceased al causes stoted obave	live an did	(did not) view the	969, and bady after a	l that in (my) (aur) a leath.	pinion death	occurred on the da	te and hour a	nd fram the
R Al reto		22b. SIGNATURE				ATTENDING ATTENDING	MED.	22c. [ATE SIGNED	1-12
TAL OF		<u>C.</u>	- Hour	vann	DEGR	EE PHYS.	DIRECTOR L	STAFF D 19	MARCH	1969
₩ ₩ Ö P		22d. PHYSICIAN'S NAME (Type)	2-1 Ho	UMANN		22e. ADDRESS	RIVE	EPALE	MD.	
O HOSPI Page 4 n O FUNER director,	230.	BURIAL, CREMATION, 23b. [DATE	23c. NAME OF			23d. LOCAT	ION (City or Tawn)	(County)	(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	25	URTAL 3-	-22-19		LINCOL		COLM	AR MANO	R. MARI	CLAALY
VR ATO TALL	24.	FUNERAL DIRECTOR	MSH. D.	ADDRESS LOO C	Latte	/M.	BY REGISTRAR	2Sb. REGISTRAR'S		
45M - 168	1	N.W. Char	bece y c	0.	Kr	OMAR	2 4 198	A. Crans	an Scenigue	to the

Y Y			South S		1000	
		(- (- ()	r Mas	oraș		0.1.37
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	40.112			4.5.	.0.	e.(())
1,0101	55.20	1.011.1011.	Densilea Que	a)		20711
10010	2102			co.iiu	Da	
enola:	·		CILIVATI		00,500	
DATE NEW TON	a way.	4.	2			
				3		

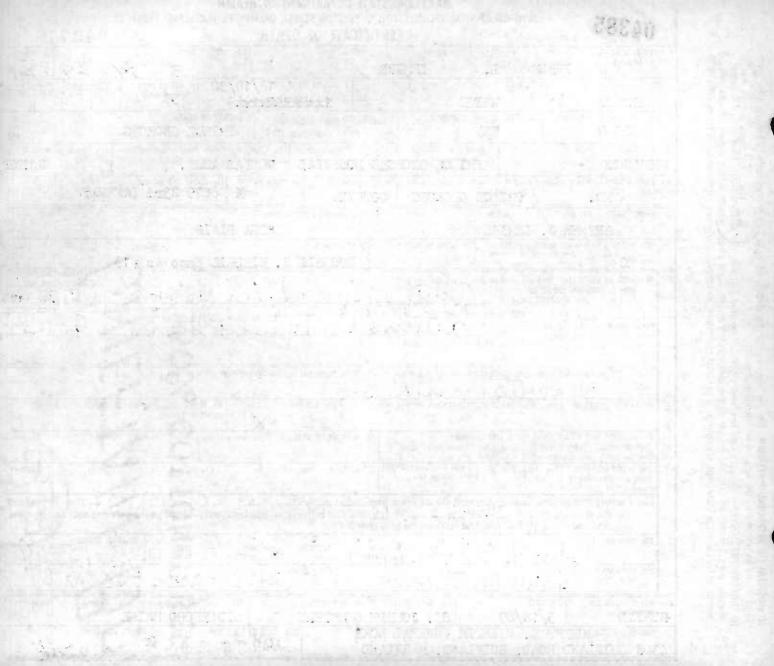
		DIVIS		RECORDS, 301 W. PRE			AND 21201		
ATE		04384		CAL EXAMINER'S				04376	
DEPT.		CEASED-NAME (First	Middle	Lost	TO VALUE	20. DATE KNOWN Month	- /	2b. HOUR
to l		<u>'</u>	Helen	G.	Le		DEATH MATED 3	24 19	69 M
apartment of	3. SE	X 4. RACE	S. DATE OF B	IRTH 6. AGE (In last birthd		HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 2 Doy	02/401 /0	24 HOURS
	7. 1	F W	31 J	une 1903 65	YRS.)	27 ^{Veor} 1969	MC
M	coun	BIRTHPLACE (Stote or foreign try)	7b. CITIZEN OF W	/HAT COUNTRY? 8.	MARRIED NEVER MARI		NTY OF DEATH rince George		
) -	10. C	Md. ITY OR TOWN OF DEATH	USA	NAME OF HOSPITAL OR INSTIT			CUPATION (Kind of work done	12b. KIND OF BU	SINESS OR
14		Cheverly	-i.va	street oddress) Princ	e George Ho		working life, even if retired.) sewife	At Home	
deoth.	130.	USUAL RESIDENCE (Where de	eosed lived, if insti	tution: Residence before 13c.	CITY OR TOWN 13d.	. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	Apt I	425
16		Imission) STATE Md	I3b. COUNTY	Prince George	Hyattsvill	Æεz □ NO 🔼	5528 Karen E	Claine Dr	ive
/	14. F	ATHER'S NAME First	Midd		15. MOTHER'S MAID		Middle	lo	st
/	160.1	NAS DECEASED EVER IN U.S. ARM		rt 16b. SOCIAL SECURITY NO.	17. INFORMANT	Waters	Apperce		
		es, no, or unknown) (If yes	give war or dates of service)			T	ADDRESS	13484	37 37
-		18. CAUSE OF DEATH (Enter		line for (a) (b) and (c))	Mrs. Hus	ssell Leo	nard, Box 74, V	Eaton APPROXIMAT	E INTERVAL
		PART 1. DEATH WAS CAI	USED BY: EDIATE CAUSE (o)	into 101 (0), (b), 0110 (c).)	Heart fai	lure		MINN	T ANO OFATH
event within	14	492 X		R AS A CONSEQUENCE OF					
any eve		Conditions, if ony, which gov rise to immediate couse (o). (b)		Pulmonary	emphyse	na and		
		stoting the underlying cous		OR AS A CONSEQUENCE OF	nut ami ana	Jamatia	heart disease	over 2	-ma
		PART 2. OTHER SIGNIFICANT CO	(c)	TING TO DEATH BUT NOT BE				over 2	yrs,
		PART 2. OTHER SIGNIFICANT CO	JUNITIONS CONTRIBU	TING TO DEATH BUT NOT KEL	ATED TO THE TERMINAL DIS	SEASE OR CONDITION	GIVEN IN PART 1(0)		
	CERTIFICATION	190. DATE OF OPERATION	THE STATE	19b. CONDITION FOR WHICH	- OPERATION			20. AUTOPS	Y?
I	I E			WAS PERFORMED?		345.3		YES 🗌	NO 🔀
		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTIN	G HOUR		21c. HOW INJURY OCC	URRED (Enter natur	e of injury in Part 1 ar Part 2,	Item 18.)	
1	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 2	le. PLACE OF INJURY	(At home, form, street,	21f. LOCATION Street or	r R.F.D. No.	City or Town	County	State
1		AT WORK AT WORK	foctory, office build	ing, etc.)					
		22o. I certify that	I took charge of	the remoips described a	bove, held an Autop	osy, Ins	pection , Inquiry 5	ond in n	ny opinion
		deoth resulted from	: Natural co	uses . Accident	, Suicide ,	Homicide	Undetermined monner		T- region
		ACTUAL	11	1x lon		F MEDICAL EXAMINE		e ciones	
2		SIGNATURE	John.	100	M.D. ASSIS	STANT MEDICAL EXAM STY MEDICAL EXAMIN			
		EXAMINER'S NAME (Type)	ohn Kehoe	, M.D., River	dale ADDR	RESS(Street, city, tov	A foot /	-69	
	23o.		b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	/ 23d.	LOCATION (City or Town)	(County) (Stote)
		REMOVAL (Specify) Burial	April 1,1	969 Oak Hi	1 Cemetery		ashington, D.		
	24	FUNERAL DIRECTOR	Home of	Robert G. Bea	1/1/1/1/ Karly	DATE APR			
	9	013 Annapolis	Rd. Lanh	am. Md. 20801	Med John	DATE	1 1000 1000	relev your	32

Sold amagelia ld. Lother, Md. Lotton

another deal Louis March Places of the Control of the C . O . Washington . C. Line to the control of the control of the control

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04377 20. DATE OF DEATH 1 DECEASED-NAME First Middle lost (Type ar print) TRE NE LEMIRE L. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINOFR I YEAR after lease remove carban papers. Pages in and in any event, within 72 hours after last bothday) WHITE 12xxMcR@ibc1969 FEMA IE be executed within 24 haurs 7o. 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MA INE and completely filled in remove carban papers. USA PRINCE GEORGES WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF 8USINESS OR **INDUSTRY** CHEVERLY GES HOSPITAL DE NEST 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 6029 23rd PARKWAY GEORGES COUNTY 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Last Last ARTHUR J. LEMIRE BERTHA BLAIS requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) burial, cremation, ar remayal, RUSSELL R. ZIEBELL Same As #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)." BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause last. PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from and 19 49, to the sow the deceased alive on March 5 19 44, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (State) (Caunty) BIREMPNA (Specify) ST. JOSEPH CEMETERY BIDDEFORD MAINE 9 24. FUNERAL DIRECTOR OBERT E. WILHEIM FUNDERS L HOME 2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATEMAR 1969 Palante Ja 30M REV, 1/68 4308 SUITIAND ROAD, SUITIAND, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



Rothin The same of the sa HEART EN LOS SE MANAGE STATES PARTICIPATE THE RESERVE AND ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA LOUIS CONDOVER KILLERY STRIKE S-21-17 STEET LINEON CENT COLLEGE WINDER WINDER WATER TO MIN CHARLES O ROSELLES MAN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04379 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle Lost 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) ESTI-2, and 3 to PM3. Poge Elfriede B Mallon DEATH MATED 1 3-5 M mgOf delay and 3 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR 69 Year Month Female White 3-5-1915 54 YRS 19 / : / Opm M 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH and 2 with the State De 8. Give Poges 1, lines's Office olong with form country) SA WIDOWED DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within-24 hours ofter death 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Prince George Hospital during most of working life, even if retired.) | INDUSTRY Cheverly G Librarydeoth. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER मिन स्मार्थित Bladensburg 5438 Taylor Street George 's YES NO Them 18 ofter 14. FATHER'S NAME Middle First Lost 15. MOTHER'S MAIDEN NAME Middle Marie Gunther Ernst Brunngraber = hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pendit 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Bladensburg, Md. 066 03 8827 William A Mallon the Chief Medical Exam File within APPROXIMATE INTERVAL be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Amyotrophic lateral sclerosis 8 years event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). writing the word ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2. shauld be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removol. CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, NO T YES [pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ploods MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK burial, Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry ond in my opinion funeral director. death resulted frama Natural causes, ox Suicide Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 5 moy be DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county) Kehoe MD Riverdale. Md. the 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Ma rch 10, 1969 Mt Hope Cemetery Ticonderoga Burial 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hyattsville, Md. F. Gasch's Sons VR A15ME [5] 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

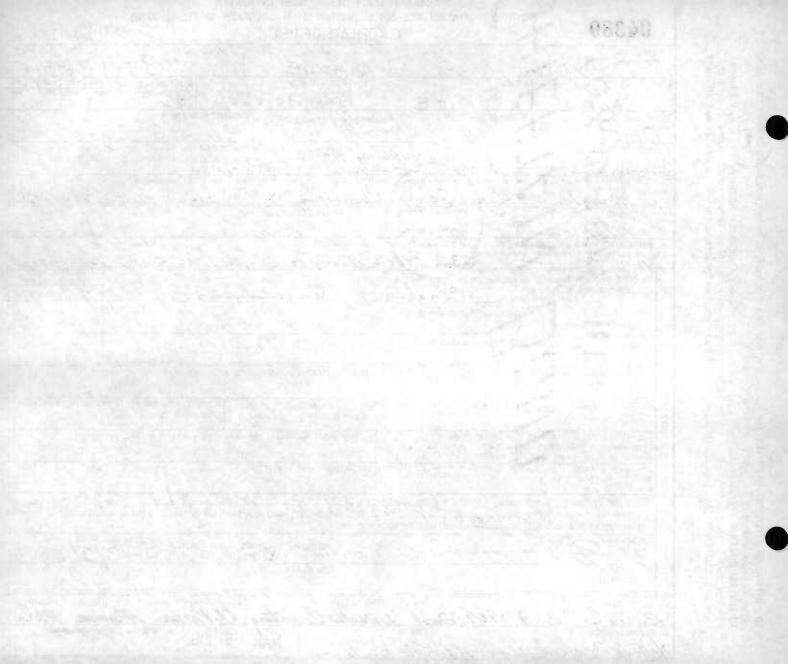
Language Commission			
and morned and			
Tests (1) Section 1	Land Land	of the Atlanta	tion wild an
. No. a message to the	Dining arang Ale		
m (50 8	s sinvento de la	n i saj maranja Limboras S	
		Thirteet ericol and	
공료 환경하다 내가 그 왜 살이 있다면?			
			dinal a
			Citizens and

	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
0	04380 CERTIFICATE OF DEATH
٠ 7 -	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR.
in 24 hours after death. Filled in by the funeral prpers. Pages 1 and 2 hin 72 Nours after death.	(Type or print) FRANK M. MANZON, SR. MARCH 24 1969 1154 N
fter ss 1 fter	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years If UNDER I YEAR IF UNDER 24 HRS. In year If UNDER 24 HRS. In year
the the	MALE WHITE WHITE MITTY (1) 09 1 1/0 YRS.
bound by by	70. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
filled in papers.	COUNTRY PHILLIPINES U.S. AMERICA WIDOWED DIVORCED PRINCE GEORGES MA
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 120. USUAL OCCUPATION (Kind of work dane during past of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
d w	13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence befare 13c. CJTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
e executed with one completely fremove corbon nany event, with	admission) STATE MD 136. COUNTY PRGEORGES HYATTSVILLE YES NO 3450 TO LEDO TERRACE
d co	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
in re-g	SIMON MANZON MARIA CANDALARIA
itCIAN: The law requires that the death certificate be executed or ottending physician. Trificate has been signed by the ottending physician and as for use as the burial-transit permit. Then please remo of Health prior to burial, cremation, or removal, and in any	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 709-09-5357 FRANK M. MANZON, JR. 17614 EDMONSTON ROAD BERWYN HTS. M.D.
ph)	ADDAYMAT CHRISTIAN
ot the death cer the ottending p nsit permit. The motion, or remo	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION TOMMEDIATE TO
dea trenit rmit r, or	
e of the	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
y th y th onside	rise to immediate cause (a). (b)
es tho sician. led by ol-tron ol, crer	stoting the underlying couse (c) ARTERIO SCLEROTIC CARDIO VASCULAR DISCASE?
equires physicic signed buriol-t buriol, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w ra ling sen the r to	N O
e la tence la prio prio	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIALY 21c. HOW INITIALY OCCURRED. (Enter nature of initialy in Port 2, Item 18.)
e ho de ho	VES NO NE CAUSES OF DEATH?
AN: al o icote for Hea	
SICI spit ed ed	(If either, natify medical examiner) P.M.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and	While Nat while OFFICE BUILDING, ETC.
DING J by th After J be d	22a. I certify that (I) (this hospital) attended the deceased from APRIL 2, 1967, to MAR 24, 1969, that (I) (we) last
END led Jid The S	22a. I certify that (I) (this hospital) attended the deceased from APR (2 3, 1967, ta MAR 24, 1969, that (I) (we) last saw the deceased olive on MAR. 2 (, 1969, ond that in (my) (our) opinion death accurred on the dote and hour ond from the couses stated above, (I) (we) (did) (did not) view the body ofter death.
ATTEND etoined CTOR: A should vith the	22b. SIGNATURE Ac C C DATE SIGNED
OR JOR JURE	Leo Ochil Chais MD DEGREE ATTENDING DIRECTOR DIRECTOR DIRECTOR MED. STAFF DIRECTOR D
D HOSPITAL OR ATTENE Poge 4 moy be retoined D FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) LEO SCHILDHAUS 22e. ADDRESS 5480 WISC. AUE. Cheury Chase, MP.
OSP 1NEF TOT, Uld	THE SCHILDHAUS STEED THE CREEK THE THE TOTAL THE
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should Should be filed with the	D REMOVAL (Specify) MAR 27, 1969 (FDAR HILL CEMETERY) (SMITTER)
VR ALS LOND	24. FUNERAL DIRECTOR W. W. CHAMBERS CO. ADDRESS 1400 CHAPIN 250. PECD BY REGISTRAR 96825b. REGISTRAR'S SIGNATURE
30M REV.	ST. N.W. WASH. R. C DATE MAR 2 0 WOD

The part of the second part of the second product of the second part o RIVERANCE CONTRACTOR HOST CONTRACTOR STATES THE STATE OF STATE SAME STATE OF THE STATE O The state of the s ALTERNATION OF A STANDARD STAN made, which is a solution, but the treating J. Y. CHOKEM FINEL STATE OF THE STATE OF THE

/ 1		04389	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		60050	CERTIFICATE OF DEATH	04381
death. reral and 2 death.		ECEASED-NAME Type or print) First	Middle Lost 20. DATE OF DEATH Month 3 Day	1 Year 69 4:5 M
hours after death. Pay the funeral are Pages 1 and 2 hours after death.	3. 5	MALE	4. RACE 5. DATE OF BIRTH Sully 30, 1886 6. AGE (In years last birthday) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hours		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PRINCE GEORE	ees Md.
within within	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) OF ARDENS 120. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ampleti		USUAL RESIDENCE (Where decearissian) STATE	ased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COLINTY OF TOWN YES NO 5100 ANN	apolio RL
be exended and control of the contro	14.	FATHER'S NAME First	Middle Lost 15. MOTHER MAIDEN NAME First Middle Maple Rebucca	Deet 2
rtificate physicia en plea: ival, an		. WAS DECEASED EVER IN U.S. AR Yes, ng, or unknown) (If yes give	RMED FORCES? e war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 232 10 1613 MARY A Maple of Same	ns above
equires that the death certificate be executed within 24 hours after death, physician. signed by the attending physician and campletely filled by the funeral burial-transit permit. Then please remave carban/papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death.		PART I. DEATH WAS CAUSI	DIATE CAUSE (0) Chebry Cherry	APPROXIMATE INTERVAL BETWEEN QUEET AND DEATH Caryo
hat the n. yy the a ansit pe		Conditions, if any, which gave use to immediate cause (a), stating the underlying cause	(b)	
quires 1 physicia signed 1 burial-tr		last.	(c)ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	
AN: The law re all ar attending icate has been for use as the Health prior ta	CERTIFICATION	19a. DATE OF OPERATION 19b	b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
CIAN: Thital ar at ificate he far use far use if Health	MEDICAL CERTIF	21 a. ACCIDENT WAS UNDERLYI or contributing cause of off (If either, notify medical exam	EATH HOUR A.M. Manth Day Year	Item 18.)
PHYSICIAN: he haspital ar this certificate letached far u & Dept. af Healt	MED	While Nat while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban poshauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within		220. I certify that (I) (the saw the deceased of	this haspital) attended the deceased from 10/19, 1965, ta 3/1, 19 alive on 2/18/1967, and that in (my) (ext.) opinion deoth occurred on the do ve, (I) (we) (did) (did nat) view the body after deoth.	te ond hour and from the
OR AT be retail be retail be retail burkector as a shed with		22b. SIGNATURE	MED. STAFF 22c.	DATE SIGNED / 6 9
A may NERAL Itar, pag		NAME (Type)	22e. ADDRESS	
TO HG Page To Ful direc	L	BURIAL, CREMATION, 23b. SEMOVAL (Special 3 FUNERAL DIRECTOR	D. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ADDRESS 25d. RECTE BY REGISTRAP SO 25d. REGISTRAP SO AND REGISTRAP SO 25d. REGISTRAP S	(Caunty) (State)
30M REV. 100	1	Allevis Aurena	of Home Mt. Raining MC DAMAR 6 1969	000

IN ARTIANII SIAIR HEPARINENI HE BEALLE



14		103	-	
1	in the	30	4	200

			\$ 50 pm \$ 6.00
10 00 E			
		31/1/	o Lab
Trans Colored a Colored			
. Three the second of the seco			
The State of the State of the State of		Tropy and the	
and the most to	1		
Tropic Tropics			
THE REPORT OF THE PARTY OF THE			
der bischse		So j	
19/1/4	N. 18	Service Services and	19/1-19/2
rices from all offices, Typicalvile	1	annandos as a	vavi
(et art monet remist)	Linear energy (Land Land

Lesionalistic de la company de A Company of the Comp Standard Control of the Control of t

		MARYLANI DIVISION OF VITAL RECORDS,		DEPARIMENT OF RESTON STREET, BALT		YLAND 21201		
	04392		ERTIFIC	ATE OF DEATH			0438	34
	ECEASED-NAME First (Type or print) Samu	Middle P.	Mars	Lost hall	2a. DATE OF	DEATH h Month 1969	Year	2b. HOUR 4
3. SI	X	4. RACE		S. DATE OF BIRTH	100	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
	White	Male		2/10/04	1	lost birthday) 65 YRS.	MORTING DATA	TIDORS MIN
COLU	BIRTHPLACE (Stote or foreign 17)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	9. COUNTY OF Prince	George's		Mc
10. (Cheverly	11. NAME OF HOSPITAL OR INS give street address) Prince Geo.	Gener	during n		(Kind of work done life, even if cetired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13 _D .	USUAL RESIDENCE (Where deceased ission) STATE Maryland	lived, if institution: Residence before 13b. COUNTY Prince George's	13c. CITY OR Hyatt		LIMITS? 13e. STI	REET AND NUMBER 9 Kennedy		
	FATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME	First	Middle		Lost
	FETER	MARSHALL		eloLIA	SIM	ON		
	WAS DECEASED EVER IN U.S. ARMEI (es, ng. prunknawn) (If yes give war	D FORCES? 16b. SOCIAL SECURITY N 2 13 0.5 %	397 17.11	ISABELLE J	3, MARS	HALL Address S		
		one couse per line for (o), (b), ond (c).)					BETWEEN O	MATE INTERVAL MSET AND DEATH
F	IMMEDIATI	BY: E CAUSE (0) CARDIAE	AKKES	(11/1	VUTES
	Canditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	YOCA	RDIAL INF	FARCTI	oN	36	HOURS
	rise to immediate couse (o), stating the underlying cause	DUE TO OR AS A CONSCOURNES OF						
	last.	(c) A CUTE A					からりくらり	11-3
Z	PART 2. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	T RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	i IN PART I(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES X NO	20b. IF CAUSES	YES, WERE FINDINGS (CONSIDERED IN C	RTIFYING
	21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	0.3	W INJURY OCCURRED (Ente	er noture of injul	y in Part 1 or Part 2,	Item 18.)	
MEDICAL	flf either, natify medical exomine 21d. INJURY OCCURRED While Not while at wark at wark	r) P.M. 19 LACE OF INJURY (AT HOME, FARM, STREET, FACT DEFICE BUILDING, ETC.	TORY.) 21f. LO	CATION Street or R.F.D. No	D. City	ar Tawn	Caunty	Stote
	22a. I certify that (I) (this	hospital) attended the decease ve on MARCH 13 1' (1) (we) (did) (did not) view the b	d fram Z 969, and	that in (my) (our) opleoth.	69_, ta pinion deoth o	Cocurred on the de	69, that ote ond hour	(I) (we) las
	22b. SIGNATURE	oldman M. D.	DEGR		MED. DIRECTOR	STAFF PHYS. \Box 22c.	DATE SIGNED	9
	22d. PHYSICIAN'S NAME (Type)		H	PR-GORGESS ORG	LES PLA	ZA, HYAT	TSVILLE	MP,
1		ATE - 1969 FORT 1	EMETERY OR	N CEM	COLM		(County)	RYLAH!
24.	FUNERAL DIRECTOR	WASHIES	16-TON	2So. REC'D	BY REGISTRAR 2 0 19	25b. REGISTRAR'S	SIGNATURE	192
11	U-IN CARALA	2000 2 14/1061	1 A AU	TOALE	~ 0 10	7/	1	7

04393 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 04385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) ESTI-2, and 3 ta PM3. Page Pamela. DEATH MATED & 3-10-69 19 10:50pm Martin 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 3 SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) 69 19 11:00pm 7-22-1952 White Female 16 YRS. I and 2 with the State Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with farm Washington, D.C. WIDOWED | DIVORCED TISA Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane after death 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Student give street oddress) INDUSTRY Give Andrews Air Force Base Hosp. Suitland 13d. (NSIDE CITY LIMITS? death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER Prince George's Upper Marlboro YES NO [Box 1273 24 haurs Item 1 Office ofter (14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME Middle Floyd C. Martin Roberta T. Tyler hours essary, please execute the certificate, writing the ward "pending" in pencil in funeral director. Page 4 should be farwarded to the Chief Medical Examiner's pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Martin, Father ADDRESS Upper Marlboro, Md. be executed within 17 INFORMANT Floyd (Yes, na, or unknown) (If yes give war or dates of service) event within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident burial-transit Conditions, if ony, which gove rise ta immediate cause (a). certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES NO IX Or 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 should MEDICAL PRIMARY CONTRIBUTING HOUR A.M. crematian, Passenger in car involved in collision 10:45 pm 3-10-1969 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town * County Stote WHILE NOT WHILE 9300 block Darcy Road, Forestville, Prince George County, Maryland may be retained far yaur FUNERAL DIRECTOR: Page 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , ond in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-11-69 DEPUTY MEDICAL EXAMINER (XX) 5 may to FUNER Health EXAMINER'S NAME (Type) ADDRESS(Street, city, tawn, or county) Riverdale, Md. Al John Kehoe MD the 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial 3/15/69 Washington National Washington, D. C. 4308 Suitland Rd., S.E., Suitland, Md., 20023 DATE AR 1 7 19 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 2Sb. REGISTRAR'S SIGNATURE Williamlan Judge VR A15ME (5) 10M REV. 1/68

26 CONSTRUCTION OF THE PROPERTY OF THE PARTY OF A Particular participation of the property of the participation of the p And Applied to the branch cares of the work of the branch Stranger of the Stranger of the second control of the second contr THE PARTY OF THE PARTY. The state of the same of the s motor is to the form of the control and the second of the second s 100 A 100 A

04394 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME 20. DATE KNOWN (Type or Print) deloy is and 3 to Page Steven Martin o DEATH MATED 45am 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR and last birthday) 5-6-1947 White Male YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, ong with farm Washington, D. Q. USA WIDOWED [DIVORCED [Prince George's with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done after death 12b. KIND OF BUSINESS OR give street oddress)
Andrews Air Force Base Hosp. Trucker—Driver—Slsm.
institution: Residence before 13c. CITY OR TOWN
13d. INSIDE CITY LIMITS?
13e. STREET AND NUMBER Suitland 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13 rince George's Upper Marlborts \(\simega \text{NO} \square \) Box 1273 Office Land 2 24 haurs ofter. 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME Roberta T. Tyler Floyd C. Martin = poges the funeral director. Page 4 should be forwarded to the Chief Medical Exominer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT FLOVE pencil This certificate should be executed within Martin, Father Upper Marlboro, Md. (Yes, no, or unknown) 1967-1969 service) File APPROXIMATE INTERVAL in ony event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH CAUSED BY: Laceration of brain PART I. DEATH WAS CAUSED BY: Trauma - auto accident DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gave rise to immediate couse (a), necessory, please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse or removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 SD CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X 3 should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING cremation, Driver of car involved in collision CAUSE OF DEATH 21 f. LOCATION Street or R.F.D. No. City or Town " County 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, Slole WHILE NOT WHILE 19300 block Darcy Road. Forestville, Prince George County, Md. burial, 220. I certify that I taok charge of the remains described obave, held on Autapsy ... Inspection [X] Inquiry , ond in my opinian death resulted from: Notoral causes . Accident X. Suicide . Homicide Undetermined monner to FUNERAL DIREC Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-11-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe MD Riverdale, Md. ADDRESS(Street, city, tawn, ar county) NAME (Type) John 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) Washington, D. C. Washington National 24. FUNERAL DIRECTOR. Wilhelm Funeral Home 4308 Suitland Road, S.E., Suitland, Md., 2002 At R 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Millerelles Jugas

TESS OF THE SERVICE WITH STORES WITH SERVICE STORES AND SERVICE OF THE SERVICE OF a man of a man of Section . Supplied to the A CONTRACTOR ON THE STREET OF STREET WAS A STREET Lake I have this user to a to recipitate a late of the The state of the s The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04387 CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOUR First Middle 2a. DATE OF DEATH Last 24 haurs after death. death. uneral (Type or print) Month George Mc Cabe Year 6;20 M 1969 March 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) male Aug 17, 1887 white 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) USA Ohio WIDOWED [DIVORCED [Pro George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) pou INDUSTRY W Hyattsville Nicholson st Gov't 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before be executed event 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STRFFT AND NUMBER admission) STATE 13b. COUNTY 3703 Nicholson st W Hvattsville YES NO remove any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last and in Emma Rath George A McCabe please PHYSICIAN: The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) W Myattsville, Md. 168 248 691A George Mc Cabe APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 2 wales b IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) GENERALIZED ARTERIOSCLERUSIS WITH CORDINARY burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause X NZP4ROSCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been far use as the CARCIOVOTA UP SIGNOIN COLON WITH COLUSTOMY 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO C Health the hospital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark Page 4 may be retained by to FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from-Niveus Un 19 VO inviews saw the deceased alive on Received 1967, and that in (my) (our) opinian death accurred an the date and hour and fram the couses stoted above, (I) (we) (did) (did nat) view the body after death. 22h SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE director, page shauld be filed PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS HERISCHE R R1665 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Greensburg Pa March8, 1969 Westmoreland Cemetery 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Gasch's Sons Hyattsville, Md.

			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
with the state		6,749	
	,		
a' agraed 1/		A P	
		palamba 2075	of the same
- Dassignator 2 202	Ville Bentivelland	nent as III	Als:
		ATTILLOS ATTILLOS	0.40
	adad on ann of of		
	No Straigt (Straigh)		

1	1t	ems 18-2 28-69 am	2a FilisDIVISION	OF VITAL RE	ARYLAND S CORDS, 301	W. PRESTO	ARTMENT ON STREET, BA	IF HEALTH ALTIMORE, I	 Marylan	D 21201				
FOR STATE		n/	1396	MEDIC	AL EXAM	INER'S	ERTIFICAT	E OF DE	ATH			043	88	
HEALTH DEPT.		ECEASED-NAME Type or Print)	First		Middl	le	Lost		20.	DATE KNOWN	Month	Doy Y	109	2b. HOUR
oy is 3 to rege			Carol		Ann		McCrack			DEATH MATED		-69	192:	00amM
deloy and 3 M3. Pa	3. SI	EX 4.	RACE	S. DATE OF BIR		6. AGE (In years lost birthday)	MONTHS DAY		24 HRS. 2c.	DATE PRONOUN	CED DEAD Doy	Vone		2d. HOUR
> 0			White	7-23-1		25 YI				Month 3	200	691	3:00	Oam M
1, 2 In Dep		BIRTHPLACE (Stote or htry)washing		US A	AT COUNTRY?		ARRIED NEVER	-		OF DEATH				
Poges ith for		ITY OR TOWN OF DE			ME OF HOSDITAL			IVORCED [Prir	ATION (Kind of	rge's	101 KIND	Dr. Dusta	Md
ofter deoth 8. Give Poges 1, olong with form with the State Deleoth.	0		AIN	give s	treet oddress)		ON (If not in hospi	during	most of wo	rking life, even	if retired.)	INDUSTRY Dr Uf	IF BUSINE	522 OK
Give Give In th Th.		USUAL RESIDENCE (Where deceoses	d lived, if institu	ince Ge	before 13c, CI	OSDITAL Y OR TOWN	13d. INSIDE CITY I		. STREET AND N		DI OI	TICE	;
		drysion) a SIAIE		PATHOE PATHOE	George !	s Lan		YES N	0 5	602 Whi	itfield	d Char	oel I	Road
14 hours office 1 soffice 2 hand 2	14. F	ATHER'S NAME	First	Middle	3111110	Lost	15. MOTHER'S /		First		Middle		Lost	
24 hours in Item r's Office es + and 2 rs after			James	J McCr	acken	15.0			iertru	de R So	per			
within 24 pendin xaminer's ile poges 72 hours		was deceased ever i es, no, or unknown)		RCES? er or dates of service)	16b. SOCIAL SECU		17. INFORMANT	T. Marthau	a branch		RESS		einat	
nould be executed within word "pending" in pendit the Chief Medicol Examine rial-transit permit. File pog only event within 72 hou		no			405 56	7669	James e	McCra	cken	naz	elwood		OXIMATE IN	hio
be executed value of the control of		1B. CAUSE OF DE	ATH (Enter only H WAS CAUSED				.7	a					N ONSET AN	
e execute pending" ef Medico isit permit	Н	9500	IMMEDIATI	E CAUSE (o)			iturate	intox	icati	on		150		
e expendence expendenc		Conditions, if ony,	which nove \	DUE TO, OR	AS A CONSEQUE	NCE OF						954		
d b d d Chie rran y e	н	rise to immediate	e couse (o),	(b)	AS A CONSEQUE	NCE OF						-		-
		stoting the under	lying couse	DOE 10, OK	AS A CONSEQUE	NCL OI						V-C		
		PART 2. OTHER SIGN	NIFICANT CONDITI	(c) IONS CONTRIBUTI	NG TO DEATH BU	JT NOT RELATE	O TO THE TERMINA	L DISFASE OR (ONDITION G	IVEN IN PART 16	o)	1		
certificate writing the writin	-										• 1			
writ war war sed	ATION	190. DATE OF OPER	ATION		19b. CONDITION		PERATION					20. A	UTOPSY?	7.63
his certificate of writing the e forwarded to be used as o bremoval, and	CERTIFICATION				WAS PERFO						AL W		ES 🔀	NO 🗌
- 0	IL CER	210. EXTERNAL CAU PRIMARY CO OR CO		21b. TIME OF	NJURY Month, Do		21c. HOW INJURY							
cert cert roul les. shou	MEDICAL	CAUSE OF DEATH		上・ つく 767		19 69				f barb	itura			
	M	21d. INJURY OCCUR WHILE NOT W AT WORK AT W		ACE OF INJURY (J ory, office building	atc)	treet,	21f. LOCATION Str	eet or R.F.D. No.		City or Town	rince	County	M	Stote
bICAL EXAMINER: se execute the certi sctor. Poge 4 should ned for your files. rECTOR: Poge 3 should burial, cremation,				t t tal			1.31	CVE						-
ICAL Executor. Poged for CTOR: Purial,		Control of the contro	ted from:				ve, held on Au Suicide 🔀				Inquiry [in my	opinion
ose ose recto line REC		deoin resui	rea from:	Natural caus	es [], AC	craein,				Undetermine	a manner			
TY DIO		ACTUAL	11	far.	An	he-		CHIEF MEDICAL ASSISTANT MED		FR	22b. DATE	SIGNED		
UTY ony, be be pr		SIGNATURE EXAMINER'S	110	and !	1100		m.v.	DEPUTY MEDICA				3-4-6	9	
no DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crem			John Ke	hoe MD	River	dale,		ADDRESS(Street						
10 the He	230	BURIAL, CREMATION REMOVAL (Specify)	23b. D	ATE	23c. NA	ME OF CEMETER	RY OR CREMATORY			ATION (City or		(County)	(Stot	
		Burial/	Mar	ch 7,	1969		l Cemete			Paul	Decat		India	ana
VR A15ME (5)	24.	FUNERAL DIRECTOR	F. Cae	ch's So	ns Hy	ADDRESS attsvi	lle, Md.		BY REGISTE		REGISTRAR'S			
VK A13MC [3]			T. e rigio	CII B	J	COUSTI.		DATEMA	7	1969	Kings	N DED	A STATE OF	into

	PACTO TO PLANTING IN	COSMINANT NATIONAL	10 10 10
			ACCURACY CONTRACTOR OF THE PARTY OF THE PART
		Total Cons	
			Company of the second
	The state of the state of		2,100,000
ment out to the			
	4,000,450		
	- Hayarana A grante	199 DE CHI - DE TE	
	MAKE STEELS		
	THE STREET STATE OF THE PARTY.		
	a sure of the control of the con-		
e . ner .org. moding th			
	level of the state of the		
		The state of the s	
orn pade		DESCRIPTION OF THE PARTY.	
	nen a gretoresa la	e y, lang an lan	Training Systems
	ar Charles	value and an	

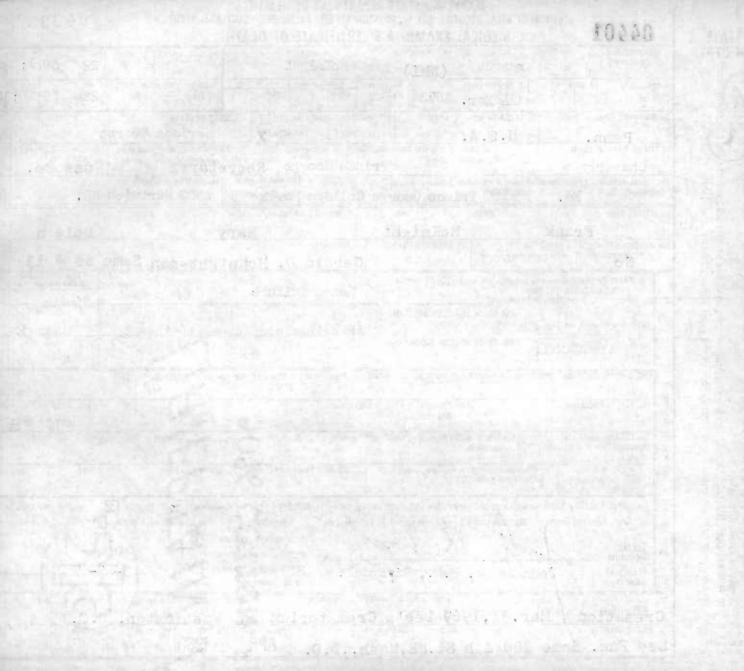
F 1 6 37 19 THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY A SHE STATE OF THE and the state of t AND WARM TO WAR TO VIEW THE THE PARTY OF THE AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR

	04398				RTIFICA	TE OF DEATH			0)439	0 (
		First	Т	Middle •	McDor		2o. DATE	OF DEATH Month	904	69	2b. HOUR 6:49al	
	3. SEX Female	4. R/	White		S. I	DATE OF BIRTH Ceb. 16, 18	396	6. AGE (In years 703 birthdoy)	YRS.		IF UNDER 24 HRS. HOURS MIN	
	7o. BIRTHPLACE (Stote or country) Irelan	oreign 7b. CITI	ZEN OF WHAT COUN		WIDOWED	NEVER MARRIED DIVORCED		nce Georg			Md	
1	10. CITY OR TOWN OF DEA Cheverly				rution (If not in ce Geor	hospital 120. US	UAL OCCUPATIOn of Resident	ON (Kind of work d	one 12b ed.) IND	OUSTRY 1	SUSINESS OR PROPERTY.	
		ESIDENCE (Where deceosed lived, if institution: Residence before N3b. COUNTY P.G. 13c. CITY OR TOWN Bladensburg YES NO 5508 Newton St.										
		ER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Mary McCowan									Lost	
	160. WAS DECEASED EVER Yes, Mooor unknown)	IN U.S. ARMED FOR (If yes give war or dates	(ES? of service) 16b. SOC 076	TIAL SECURITY NO. -20-916	7 17 INFO	RMANT omas G. Mcl	onough	Same a	is abo	ve		
	18. CAUSE OF DEAT PART I. DEATH	H (Enter only one of	ouse per line for (o) E (o) Heart	(b), and (c).)						APPROXIMA BETWEEN ONS minu	ATE INTERVAL SET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown to immediate couse (o).										
	stoting the underly	ng couse DU	(c)		DELATED TO TH	E TERMINAL DISEASE OF	CONDITION C	VEN IN DADT 1/-)				
			- over									
	PILE	3 177		ATION WAS PERFO		20a. AUTOPSY? YES NO [X. CAU	IF YES, WERE FINDIN SES OF DEATH?			TIFYING	
	OR CONTRIBUTING [CAUSE OF OEATH H	P.M.	Doy Yeor		NJURY OCCURRED (Ent		jury in Part 1 or Par	rt 2, Item 18	8.)		
	While Not while	ED 21e. PLACE O				ION Street or R.F.D. N		ity or Town	Cour		Stote	
	causes stat	at (I) (this hasp ceased alive an ed abave, (I) (y	ital) attended t Feb. 4 ve) (did) (did lot	he deceased 19_ view the ba	fram 69, and th dy after dea	1958 , 19 at in (my) (aur) a _l th.	, ta pinian death	1969 n accurred an th	, 19_ e date an	_ , that (d haur a	(1) (we) last nd fram the	
	22b. SIGNATURE	Ash	R	fri	DEGREE		MED. DIRECTOR	STAFF PHYS.	22c. DATE SI	IGNED		
	22d. PHYSICIAN'S NAME (Type)	John Keh				22e. ADDRESS Riverda						
	230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-17-		Mt. Oli		metery	Was	TION (City or Town) shington,		•	(Stote)	
	24. FUNERAL DIRECTOR	Sons. Hy	attsvilla	ADDRESS Maryl	land	2So. REC'D	BY REGISTRAR AR 1 8	1969 REGISTR	RAR'S SIGNAT		ege.	

	SERVED SE TROPATED	
	- Francisco	etra della
	The second second second second	
	marked tools of a seed by unlarge, his	
	in the more many than 17 102	
	ya enili Manifeltan vantasi c	

	tem23 FilmG40 3	DIVISION OF VITAL RECORDS, 3/20/69 kk		ATE OF DEA			0	439	2
	ECEASED-NAME First Type or print) Edna	Middle W •	М	cGuinn	2a.	DATE OF DEATH Manth March	Day 10	1969	2b. HOUR 6:30P
3. SE	Female	4. RACE Negro		S. DATE OF BIRTH 6/28/1914	4	6. AGE (In year last birthday	YRS. IF UN	HS DAYS	HOURS MIN.
cour		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRIED X		UNTY OF DEATH	ges		Me
10, 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress) Glet	stitution (If no	Hospital 120	. USUAL OCC ing most of Inemp1	CUPATION (Kind of work working life, even if ref	done 12 tired.) IN	b. KIND OF E	BUSINESS OR
13a. admi	USUAL RESIDENCE (Where deceosed ission) STATE	I lived, if institution: Residence before 13b. COUNTY	13c. CITY OR	D. C. 13d. INSID	E CITY LIMITS?	13e. STREET AND NUMI 2244 Savar			S. E.
14. [FATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN N		Mic	ddle		Lost
	John	W. McGuinn		100000	Ruth			antro	uy
16a. Y	WAS DECEASED EVER IN U.S. ARME (es, na, or unknown) (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY 579-09-80		FORMANT	(aCuin	n (mother)	Same		
_		ane cause per line far (a), (b), and (c)		Auch D. I	iceu III	in (mother)	Same	APPROXIM	LATE INTERVAL
	PART I. DEATH WAS CAUSED	BY: Rilateral b	ronchop	neumonia				days	ISET AND DEATH
	340 X IMMEDIAN	DUE TO, OR AS A CONSEQUENCE OF							
	Conditions, if ony, which gove	(b)							
	rise to immediate couse (o), stating the underlying cause last.		years						
-	PART 2. OTHER SIGNIFICANT COND urinary bladde:	TIONS CONTRIBUTING TO DEATH BUT No.; decubitus ulce	ot related to r, saci	THE TERMINAL DISEAS	SE OR CONDIT	TION GIVEN IN PART 1(o)	Chror	nic cy	rstitis
CERTIFICATION	19o. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	NO 🔲	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSID	DERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Month Doy Year		W INJURY OCCURRED	(Enter notu	re of injusy in Part 1 ar	Port 2, Item	18.)	
ME	21d. INJURY OCCURRED 21e. P While Nat while at wark at wark	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town		unty	State
	saw the deceased ali	haspital) attended the decease an 3/10/ (**) (we) (did) ***Characteristics** when the	69, and	that included (au	19 60 r) apinion	, ta3/10 death accurred an	/_, 19_ 69 the date a	, that and haur	(we) last
	22b. SIGNATURE	ye Wen	DEGR		MED.			SIGNED /1969	
	22d. PHYSICIAN'S NAME (Type) Moe W	leiss, M. D.		22e. ADDRESS Gleni	Glenr n Dale	Dale Hosp , Maryland	ital		
23o.	BURIAL, CREMATION, 23b. DA	14/69 Linc.	CEMETERY OR	1emoria	1 8	1. LOCATION (City or Tow Buttand	, Ma	ounty)	(State)
24	FUNERAL DIRECTOR	ADDRESS	11.011	OLSA VIBO.	ECD BY REC	GISTRAR 2Sb. REGI	STRAR'S SIGN	ATURE	

	nalular terminal		notal Sinon
	Regres Or south to the control	Avisa Lavisa	Lat. Vinay
	Horse Land Company Com	alad most	eino musio
	a rant duncoda, NAST (2), n in		
	nomina April April	mr. Europese	Jule C
	To be the day (colder) with part . R from	17.00.000.000	na na
		to the state of th	
DACA S		Ter 10 and lawn	processing and the
	59 /01/5 09 /01/5	59 / July 6	TO MICHAEL MAN
	Santanal Tel matta		



VR A15ME (5) 10M REV. 1/68 STATE OF STATE OF THE PROPERTY OF THE STATE

04404 - Harris Allen - Harris Allen - The state of the s

24 haurs after death

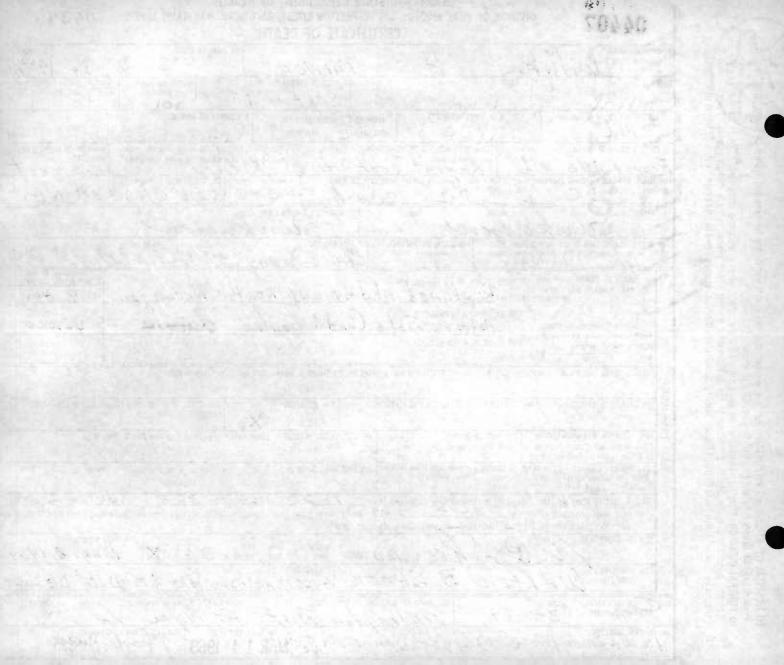
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

PANAL		WASTIN TOOLS	
	3-1/2/10	Said to the Meralia of	
Tomas character			
		saidh (sech lead)	news in the second
		G to the control of the	
	ertinalit diserci	rracero-are	
A College of the Coll		A Harris	

. A Sales and a market Tables.

			A Chili
	2002	No.	
		and Florida	" (Estimate)
glaverial (phis) = 7			
		mesmed sombas	nt-loved)
The position 1197	and the facts	n nimber entire	
	12.50		
	ALC: NO ALC:		

1		04407	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21201	04399
cuted within 24 hours after death. Implefely Tilled in by the funeral ve corbon papers. Pages 1 and 2 event, within 72 hours after death.	70. coul	X SIRTHPLACE (State or foreign litry) AUTO OF TOWN OF DEATH	4. RACE 7b. CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH DIVORCED UNDOWED DIVORCED	20. DATE OF DEATH Month Do 6. AGE (In years last birthday) 9. COUNTY OF DEATH USUAL OCCUPATION (Kind of work dane)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 12b. KIND OF BUSINESS OR
physician and completely miled on phesician and completely miled on phesic remave corbon page oval, and in any event, within 7	130. odm 14.	USUAL RESIDENCE (Where decession) STATE DC ATHER'S NAME First WAS DECEASED EVER IN U.S. A	give street address) ased lived, if institution: Residence before 138. COUNTY Middle Lost RMED FORCES? 116b. SOCIAL SECURI	Rest Home dur Te 13c. CITY OR TOWN 13d. INSIGN UN ASA. YES 15. MOTHER'S MALDEN N	ing most of working life, even if retired.) E CITY LIMITS? 13e. STREET AND NUMBER NO 5216 COU	INDUSTRY II. 5 GOV F. Dost
ot the death ce the ottending isit permit. The motion, ar rem		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIATE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIATE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIATE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIATE OF DEATH (Enter PART I. DEATH). DEATH (Enter PART I. DEATH (Enter PART I. DEATH). DEATH (ENTER I. DEATH). DEATH (ENTER I. DEATH). DEATH (ENTER I. DEATH). DE	ower or dotes of service) only one cause per line for (a), (b), and SED BY: DIATE CAUSE (a) RUPTURE of DUE TO, OR AS A CONSEQUENCE (b) FRETERIOR OF AS	OF CARdioVASOU	AORTIC Aneuryss INK OLSENSE SE ORCONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 HRS. VEARS
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cresshould be filed with the State Dept.	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF O (If either, notify medical exal 21d. INJURY OCCURRED While Not while of wark at wark 22a. I certify that (+) (saw the deceased	HOUR A.M. Month Day You P.M. The PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC. This haspital) attended the dece	YES	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? (Enter nature of injury in Part 1 or Part 2 D. Na. City or Town 1969, ta 3-8, 1 r) opinian death occurred an the company to the second control of th	, Item 18.) Caunty State
TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by t TO FUNERAL DIRECTOR: After director, page 3 should be glied with the Stota	24.	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) BURIÁL CREMATION. 23	ALTER B. S	MA) DEGREE ATTENDING PHYS. HEER 220. ADDRESS (6400 M). OF CEMETERY OR CREMATORY	MED. DIRECTOR DYKE S. E. 23d. LOCATION (City or Town) F. Myer	DATE SIGNED MARIS, 1969 WASH. D.C. 2000 (County) (State)



		04408	10.4	DIVISION OF	VITAL RECORDS	, 301 W. PR	EPARTMENT STON STREET, TE OF DEA	BALTIMOR		ID 21201	04	400
nours direr dedin.	(Type or print)	First Octa	avious	Middle P.	Mitc	lost ne11	20.	DATE OF DEATH March	onth 102	1969	2b. HOUR 2:47
)3	3. S	Male		4. RACE Negro			DATE OF BIRTH L2/6/1909		6. AGE	(In yeors birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1		BIRTHPLACE (Stote or finity) Maryland	oreign 7	b. CITIZEN OF WH			NEVER MARRIED DIVORCED	9. CO	UNTY OF DEATH	TKO.		
1 2	10.	CITY OR TOWN OF DEAT		11. NA give st Gle	ME OF HOSPITAL OR II treet address) nn Dale F	Hospital	dur	. USUAL OCC	UPATION (Kind o working life, eve	of work done	12b. KIND OF INDUSTRY	BUSINESS OR
17	13o. odm	USUAL RESIDENCE (Whoission) STATE	ere deceosed	lived, if institution 17b. COUNTY	on: Residence before	Wash.,		DE CITY LIMITS?	13e. STREET AN 2810 S		Terr.,	S. E.
,		u	rst nknowi		Lost		NOTHER'S MAIDEN N	AME First	unk	Middle nown		Lost
	1	. WAS DECEASED EVER I (es, no, or unknawn) unknown		O FORCES? or dates of service)	166. SOCIAL SECURITY unknown		ormant D. C. Gen	eral H	Hospital	Address recore	ds	
		18. CAUSE OF DEATH PART I. DEATH W	(Enter only AS CAUSED I IMMEDIATE	one couse per line BY: CAUSE (o) K1	e for (o), (b), ond (o ebsiella	septicer	ia and b	roncho	pneumon	ia	APPROXIM BETWEEN OF	MATE INTERVAL ISET AND DEATH
		Conditions, if ony, wherise to immediate co		(b)	a consequence of the contract	bsiella					month	ns
		stoting the underlying lost.)	DUE TO, OR AS	A CONSEQUENCE OF eneralize cerebrova	d arter	oscleros ccidents	is wit	h recur	rent	years	3
	NO	PART 2. OTHER SIGNII Aneurysm	of lur	nbar aor	ta		HE TERMINAL DISEAS	SE OR CONDITI	ION GIVEN IN PAR	RT 1(o)		
/	CERTIFICATION	190. DATE OF OPERATIO			CH OPERATION WAS P			NO 🔲	CAUSES OF DEA	TH?	ONSIDERED IN CE	RTIFYING
	MEDICAL CE	21o. ACCIDENT WAS I OR CONTRIBUTING C (If either, notify medi	AUSE DF DEATH col exominer		Month Doy Yeo	19	INJURY OCCURRED		e of injury in Por	t 1 or Port 2, I	Item 18.)	
	N	21d. INJURY OCCURRE While Mot while at work			AT HDME, FARM, STREET, F. DFFICE BUILDING, ETC.				City or Town		County	Stote
			eased aliv	e on3/	nded the deceas 12/ KKAGK view the	19_69, and 1	hotin (\$550) (our	19 <u>68</u> , r) opinion	to3/1 deoth occurre	2/, 19_ d on the do	69 , that: te ond hour c	(we) las
		22b. SIGNATURE	live	Wen		DEGREE	ATTENDING PHYS.	MED.			DATE SIGNED 3/12/19	69
/	22-	22d. PHYSICIAN'S NAME (Type)		Veiss, M		COMPTEN OR CO		Glenn	Dale H	larylan	d	
		BURIAN CREMATION, REMOVAL (Specify)	3-1	5-69	HARMO	CEMETERY OR CR	ORIAL P	ARK_Z	LOCATION (City of	gr, 7	(County)	(Stote)
规约		110	215	Pron!	Harris 4	339 LL	THE PATE	MAR I	9 1969	REGISTRAR'S	West Her	7

	12	107	DIVISIO	IN OF VITAL RE	CORDS, 301 W. PRE	STON STREET, BALTIMORE,	MARYLAND 21201	01101
FOR S	TATE	-	24409			CERTIFICATE OF DI		04401
HEALTH	DEPT.		CEASED-NAME Fir		Middle	Last		h Day Year 2b. HOUR
e a 5	+	(1	ype ar Print)	liam	Edward	Mitchell	OF ESTI- DEATH MATED 3-2	
lay is 13 ta Page	ut o	3. SE		S. DATE OF BIR				2d. HOUR
del and 13.	ше	100			last birthe	ay) MONTHS DAYS HOURS	Min 3 Manth 23 Pay	69 Year 193:05 pm M
ny delay 2, and 3 i PM3. Pag	pari		le White	2-20-19 7b. CITIZEN OF WHA		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	09 19:0ppin w
- E	e De		(y) Maryland	U. S.		WIDOWED DIVORCED		
Rive Pages ang with far	pages 1 and 2 with the State Department of hours after death.		ITY OR TOWN OF DEATH				Prince George's	WIND OF BUSINESS OF
death Page with	e S			give s	treet address)	durin	USUAL OCCUPATION (Kind of work don- g most of working life, even if retired IOM 18t - Statisti	NDUSTRY S. GOV.
give Jg	# :74		Cheverly USUAL RESIDENCE (Where dece	read lived if institu	rince George	CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	Chan(Dept.of
9 9	with		mission) STATE		George's Mi		The state of the s	THORITO
100	d2	$\overline{}$	ATYLANO First	Middle		15. MOTHER'S MAIDEN NAME	220 0 0 0 0 0	
Office and	after	14. [rold Mi				last
24 in lin	pages	34 - 3	WAS DECEASED EVER IN U.S. ARMED				Marian Walker S	
I within 24 n pencil in Examiner's				re war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDREM	chellville,
wit	File 172	UI				1 4can Dongra	s Mitchell-Md.	APPROXIMATE INTERVAL
executed and and and and and and and and and an	ermit. Fi		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS					BETWEEN ONSET AND DEATH
d be executed d "pending" i Chief Medical	permit.		IMMED	IATE CAUSE (a)	Gun shot wou	nd of head		
end	event		755X		AS A CONSEQUENCE OF			
be ''pe	ev		Canditians, if any, which gave rise to immediate cause (a).	(b)				
ward the Ch	al-tro any		stating the underlying cause		AS A CONSEQUENCE OF			
S e C	5.5		last.	(c)				
	0 6		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
s certificate e, writing t farwarded	o s	NC						
	e used as removal,	CATIC	19a. DATE OF OPERATION	3.50.053	19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY?
This icate, be fa		CERTIFICATION			Section of the second			YES NO 🔀
- T- T-3	PO		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF HOUR A.M	NJURY Manth, Day, Year	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2	?, Item 18.)
cert aul	tiles. 3 shaul natian,	MEDICAL	CAUSE OF DEATH	77.70	Am 3-23-19 69	Shot self wit	h .22 cal automat	ic.
WIN WIN he	age 3 shau age 3 shau crematian,	ME		PLACE OF INJURY (A actory, affice building	At home, form, street,	21f. LOCATION Street or R.F.D. No	o. City or Town	County State
KAN te t	Yaur Page crem		AT WORK AT WORK	home	g, etc.)	same as #13		
cal Examiner: execute the cert ar. Page 4 shauld	7. P. P. Iol.	-	22o. I certify that I	took charge of th	ne remoins described o	bove, held on Autopsy ,		and in my opinion
CA CA	may be retained for FUNERAL DIRECTOR: ealth prior to burial,		death resulted fram:		es . Accident/P		de Undetermined mann	er 🗍
please 1 directo	to to			2 0	N/ //	CHIEF MEDICAL		
Page 1	AL D priar		ACTUAL SIGNATURE	1-10	19015			ATE SIGNED
essary, p	ERAL	63	EXAMINER'S	10 10	1	,		-24-69
O DEPUTY necessary, the funera	alt Cay		MAME /Tunal	Cehoe M.D	Riverdale	I DEDECCIO.	t, city, tawn, ar county)	
necessary, the funera	O FUNE Health	23a.	BURIAL CREMATION 231	DATE	23c. NAME OF CEM	TERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	- 0	Bi	REMOVAL (Specify) 3	/25/69		k Cemetery	Mitchellvill	
	2	24	FLINERAL DIRECTOR		2249UUV	250 REC	D RY PEGISTRAP JOSE PEGISTRAL	R'S SIGNATURE
VR 10AA	A15ME (5) REV. 1 68	Ri	tchie Bros.	Fun'l H	Iome-Mary 1	Marlboro, AP	R 1 1969 Pilio	reas Judges

MARYLAND STATE DEPARTMENT OF HEALTH

AUE: I PROF SC TOWNS Market Line

333

sin!

Philosophia in

n run l'agrand sonial THE STATE OF THE PARTY PARTY.

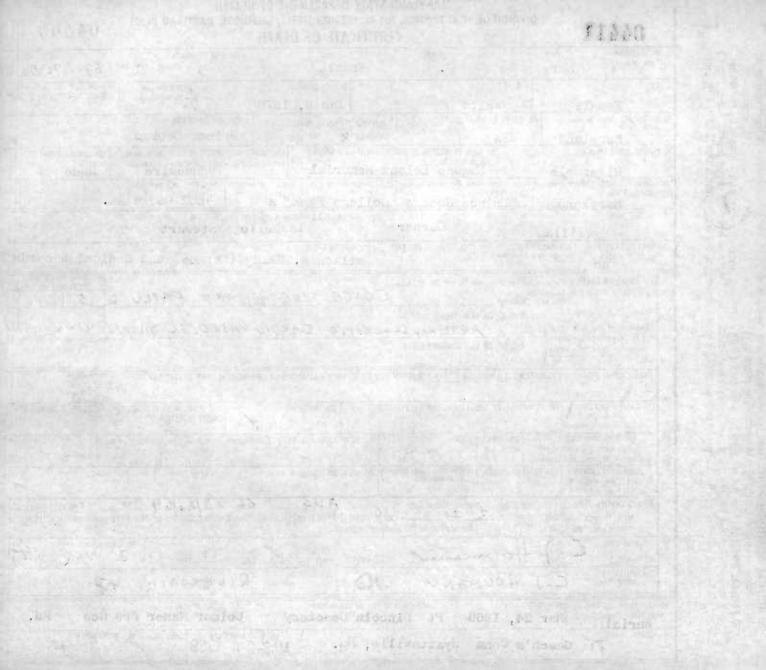
Levin with appeal of Education with the

325 Toyon.

Manual Parade de desertada de la companya de la com

J. B.E. Telvax D. 9 1

. N. . of Orange Control Control Control



Visit Sand L. Children Sand

ar (1) in the second of the control of the control

The second of th

no hactora (financia) o noA

Tellandor tres in the Hotelle

aced intimized staid to a selection and a

and and the state of the state

Part Comment of the State of the Comment of the Com

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2o. DATE KNOWN Month Yeor 2h HOUR (Type or Print) OF ESTI-Page 0 to Robert Gordon Mortimer DEATH MATED 197:00amM deloy and 3 partment IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR pup PM3. Month 197 2noon M Male White 1,-9-1942 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Del Give Pages 1, form country) WIDOWED [DIVORCED [Prince George's with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter deoth Office along with give street oddress during most of working life, even if retired) INDUSTRY Cheverly Prince George Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY rince George's YES NO Suitland 882 Eastern Avenue ond 2 24 hours Item 1 ofter 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME Middle moure hours pencelta the Chief Medical Examiner's within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (Yes. no. or unknown) (If yes give war or dates of service) BOSTON MAS GCONNOR File 72 .= APPROXIMATE INTERVAL be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Gun shot wound of head event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= 4 should be forworded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 05 removal, nseq (CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES TX NO T pe 0 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: Shot self at home 19 69 1:00am CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK AT WORK Same as #13 director. Poge buriol, o 22a. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X Inquiry and in my apinian death resulted fram: Suicide X, Hamicide Natural Causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 3-10-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Riverdale. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) CALUARY TON 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochember Vudge VR A15ME (5) DATEVE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

			MARYLAND STATE DEPARTMENT OF HEALTH	
4		It	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	04406
#	death.	(ECEASED-NAME First Middle Last 20. DATE OF DEATH Month Day Narch 6	2b. HOUR 75 4 M
	s after	3. 51	female white March 10, 1897 lost birthdoy) 81 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
•	nin 24 hours filled in by papers. Pe thin 72 hour	7a, cou	BIRTHPLACE (Stote or foreign New York	Md.
	within 24 ho		Greenbelt 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	owe car	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md 13b. COUNTY Pro George's Greenbelt 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 10 Pinecrest	Court
	cote be executed within sicion and completely file please remove carbon programment and in only event with	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Alexandra Allen Rose Galloway	Last
	physicion of the please oval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) NO (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Edna Powers Greenbelt, 17. INFORMANT Edna Powers 17. INFORMANT Edna Powers 18. INFORMANT 1	Md.
1	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the flue 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Prove the with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after the state of the		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Clary
	that the true by the cransit per remation		Canditians, if any, which gave tise to immediate cause (o), stating the underlying cause DUE TO, OR AN A CONSEQUENCE OF DUE TO, OR AN A CONSEQUENCE OF	yea
	equires that the physician. signed by the buriol-transit i burial, cremati		last. (c)	
	nding been s the bior to b	ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	or other or	CERTIFICATION	YES NO CAUSES OF DEATH? 21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OF CURRED. (Enter nature of injury in Part 2.1 or Part 2.1.)	
	rsicial ospitol certifice hed for	MEDICAL	Of Contributing Course of Grath HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INITIAL OCCUPEED 21a PLACE OF INITIAL ALL HOME FARM STREET FACTORY VIOLATION. Several D.F.D. No. 2.7.	
	VG PHY the h triple		21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Och Office, 1946, 19	<i>c</i> q
	TENDIN ined by DR: Affe ould be the Ste		saw the deceased alive an factor 1967, and that in (my) (aur) apinian death accurred an the da causes stated abave, (I) (we) (did) (did nat) view the bady after death.	te and haur and fram the
	OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or ottending physician. DIRECTOR: After this certificate hos been signed by pe 3 should be detached for use os the buriol-tranted with the State Dept. of Health prior to burial, creating the state of the s	8	22b. SIGNATURE ATTENDING MED. STAFF FC.	DATE SIGNED 1969
	PITAL 4 may IERAL or, pag d be fil			Md.
	TO HOP		BURIAL, CREMATION, REMOVAL (Specify) Narch 8, 1969 23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery Cast Aurora Cay	
	VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE MAR 10 1969	signature

The state of the	Horing			and Section
	e alatesy-our			
		J'ann 3-	erac bria.	of Federal year
		216dam in 1.		
	en formesser	wo 9 Entail		
		A Sugar Section	No.	
			12112	
N. C.				

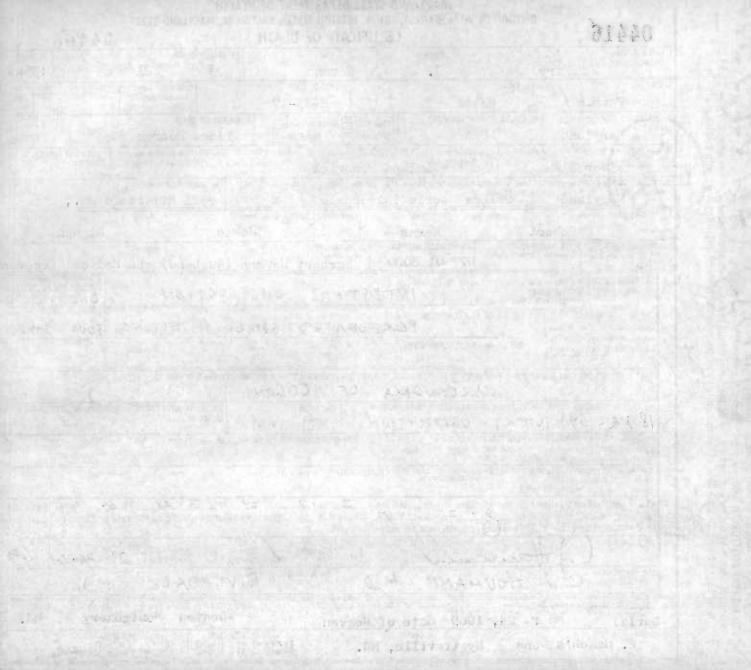
1.18

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04407 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-N Middle 2g. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED \$3-19-69 Charles Sr:15pm Mvers 3. SEX 4. RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 6. AGE (In years S DATE OF BIRTH 2d. HOUR 3-8-1884 White 195:25pm M Male YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md Office olong with form USA WIDOWED T DIVORCED [7] Prince George's Give Poges hours ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Pro Georges Hospital Cheverly Insurance 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Prince Hem 18 YES NO 4304 40th. Place Georgets Brentwood 14. FATHER'S NAME Middle First Last IS. MOTHER'S MAIDEN NAME Middle Charles 24 Myers Mary Myers = hours poges 4 should be forworded to the Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes, na, or unknown) (If yes give war ar dates of service) College Park, Md. 577 096 254A Marie M Daniels APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Canditions, if any, which gave rise to immediate cause (a). writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) SD removol, o be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 📑 NO SE 3 should b 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 HOUR A.M. PRIMARY OR CONTRIBUTING EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE I AT WORK AT WORK FUNERAL DIRECTOR: 22a. I **certify** that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry and in my apinian the funerol director. Natural causes, Accident death resulted fram: Suicide [Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 3-20-69 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** 5 may 10 FUNE Heolth NAME (Type) ADDRESS(Street, city, town, or county) Riverdale. Md. John/ Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mar. 22, 1969 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Of the last of the same of the NUMBER OF STREET OF STREET, ST The state of the s to support we county was surely ed.

044	16	DIVISION	MARYLA OF VITAL RECORD	s, 301 W. I				RYLAND 2	21201	04408	Ω
1. DECEASEO-NAM (Type or print			Middle J.		Lost Newman		20. DATE OF		21 Day	69 Year	26. HOUR 9:35a M
	emal e		Thite		S. DATE OF BI	irth 5-17		6. AGE (In	years day) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	aryland	3787	WHAT COUNTRY? USA	WIDOWED		RRIED 9.	Prince		rge		Md.
	iverdale	gi	NAME OF HOSPITAL OR ive street oddress) Lel	and Men	orial	12a. USUAL during mas	OCCUPATION t af warking	(Kind of w life, even if	ork done retired.)	12b. KINO OF 8 INDUSTRY	USINESS OR
odmission) SIA	aryland	13b. COUNT		River	dale	YES NO	493		verda	le Rd.,	
14. FATHER'S NAME AND SECTION OF THE PROPERTY	Robe		Kern	s		AIDEN NAME Firs Je	esse		Middle	Dignar	Last
Yes, na, ar un		war or dates of service)	577 01 80	050	Herbert	t Newmar	ı (Hust		and l	Medical	Record
18. CAUSE PART	. DEATH WAS CAUSE	D BY: ATE CAUSE (a)		NTES	TINAL	OBST	RUCT	LON		BETWEEN ON	SET AND DEATH WEEK
rise ta imr	if any, which gave rediate cause (a),	(b)_	DR AS A CONSEQUENCE OF	ERFO	PATED	5 MA	LL IN	17657	TINE	Four	DAYS
PART 2. 01	underlying couse HER SIGNIFICANT CO	(c)_ NDITIONS CONTR	EIBUTING TO DEATH BUT	NOT RELATED T		L DISEASE OR COM	NDITION GIVEN	I IN PART 1(a)		
18 W	R 69 1	NIEST	WHICH OPERATION WAS	TON	20a. AUTO YES	NO 🗹	CAUSES	OF OEATH?		ONSIDERED IN CER	TIFYING
☐ OR CONTRI (If either, r	NT WAS UNDERLYING CAUSE OF DEAD THE CAUSE OF DEAD THE CONTROL TO T	TH HOUR A.	M.	or 19		URRED (Enter n			or Part 2, I		Santo
While at wark 22a. I ce	Nat while at wark this can be at wark the deceased of the estated above.	nis haspital) silive an e, (I) (we) di	OFFICE BUILDING, ETC.	ised from	3 - 17 d that in (m) death.	y) (aur) apini	taan death a	STAFF PHYS.	220. 1	County 69, that te and have a DATE SIGNED MARO M)	(I) (we) last nd fram the
23a. BURIAL, CRE REMOVAL (S Buria	pecify) Ma	pate r 24,		e of He			23d LOCATION Wheat	ton P	ontgo	(Caunty) omery	(State) Md.
24. FUNERAL DIE	Gasch's	Sons	llyattsvil			MAR 2	6 1969		Cont	SIGNATURE COLOR	



dwift at the			

the selection is the second of

3 23 69 32150	nearnin'	A(U).	nio:
	21/2/-	nati tiv	
regrated aparts			New Zorde
	dated Talances by		a Tolohasvin
29872 N. rabout 6886	A Ray allivespress	, ,, ;	
-Aganya	bas . a almost and	reveded .	i redek
Line and the comment of	now of the sound in	HEAT WELL	500
nenbut	rieniar fiber liation	Salv Simbs	
	Autoria - 157	t vinnab.	
		A Period	
1		enve	
talente la 181			

1

nne negres kom engliger de kwir stekkorenie helman et a 🖒 i è Mi LIGHT ROUND BEEFFERE L'econetine on during the contract of the contract of the contract - City of Bowle, in Preiler docept Ten Carte Commence of the Comm Township Appel, N.D. 1882 Township Township Township HOXDE. Hd. Barisl - /3/69 - Gottyanury Matianal Com. Cottyoburg, Is. 1 300

				91,500
Bowl B do	noK.	Francis (apile giel	
			end Edward	
			.4.8.	
	And the pic	9004.0000000	M Charman	SELVATORS.
			. 100 . 000 . 11	
	2101.00		4614	Alak.
(A -namadia	. The Transport		or.
		-34.7 36.00		

the second				
	EVEL LAW			
der, En.	all memico	egin Cem.	n14,09) (25\01)	Gun Entrate
Mary and		, (1011)	I Inquest . C.	Feloni batch

MAKILAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04413 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR and 2 death. haurs after death funeral 1 and (Type ar print) Month Dov Year 3/3/69 3:00 4 Anna Janes Pope S. DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) MONTHS HOURS 03/12/94 Female Negro 74 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED Prince George's County requires that the death certificate be executed within 24 rampletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) Prince George's during most of working life, even if retired.) INDUSTRY remove carbon Cheverly Hospital event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Virginia 136. COUNTY YES 🗔 NO Bristol 601 Highland Avenue Ond in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last and physican 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war ar dates af service) burial, crematian, or remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC ARM BETWEEN ONSET AND DEATH CARDIAC ARREST - VENTI- CULT SPANDITICL DUE TO, OR AS A CONSEQUENCE OF acute anterosepter Ruyocardial in Farcts m Canditians, if any, which gave burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by be retained by the hospital ar attending physician. stating the underlying cause Urksin claste andis 15 cular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 XXXXON 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Nat while 22a. I certify that (1) (this haspital) attended the deceased fram 3/2/6 saw the deceased alive an 3/3/69 19, and that in (my and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e_ADDRESS EN 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) (County) 23o. BURIAL CREMATION 23b. DATE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNA 24. FUNERAL DIRECTOR 2222W. North ave DATE

WHEN THE PROPERTY REPORTED IN CONTRACT OF THE PROPERTY OF THE and the state of t

HILL TO SEE SHOULD AND ADDRESS OF THE SECOND SECOND

	0
	0
마일 경우 전에 가는 사람들이 되었다. 그 사람들이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이다.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04416 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR deoth. (Type or print) 3. SEX 4. RACE 72 haurs affer S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOURS within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) .= WIDOWED | DIVORCED [filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Hyattsville Nucsing during most of working life, even if retired.) remove corban completely 6500 RIGGS Hamo 13o. USUAL RESIDENCE (Where deceased lived); if institution: Residence before 13c. CITY OR TOWN executed 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 136. COUNTY YES 🔀 NO in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First puo Middle ANDOLPH ease 65 physicion o oom and requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or upknown) (If yes give war or dates of service) buriol, crematian, or removal, attending present. The APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cho IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove: enerale signed by the buriol-transit rise to immediate couse (a). by DUE TO, OR AS A CONSEQUENCE, OF stating the underlying couse creceral PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been the Health priar to Leure TO HOSPITAL OR ATTENDING PHYSICIAN: The low Page 4 may be retained by the hospital or attending 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 00 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES [NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year detached for the Dept. of the (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Mot while at work 22a. I certify that (1) (this haspital) attended the deceased from. 19 69, and that in (my) (aur) opinian death accurred on the date and hour and from the saw the deceased olive on 2-26director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) RKEN 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) LINCOLN MEMO 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE M

Late Control

5	04424	DIVISION OF VITAL RECORDS, 301 W. PREST CERTIFICATI	ON STREET, BALTIMORE, MARYLAND 2120 E OF DEATH	04417
after death. re-funeral ses and 2 other death.	(Type or print)	wie P. REE	D ARCH ATE OF BIRTH 6. AGE (In years last bighday)	Day Year 2b. HOUR IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS QAYS HOURS MIN.
e executed within 24 haurs of and completely filled in by the camere carbon papers. Poor in any event, within 72 hours	7a. BIRTHPLACE (State or foreign country) Maryland 10. CITY OR TOWN OF DEATH 13a. USUAL RESIDENCE (Where decodmission) STATE Maryls	7b. CITIZEN OF WHAT COUNTRY? U.S.A. WIDOWED X 11. NAME OF HOSPITAL OR INSTITUTION (If not in In give street oddress) MAGNICIA Based lived, if institution: Residence before 13c. CITY OR TOW and 13b. COUNTY. Seorges Blader	PURCED 9. COUNTY OF DEATH DIVORCED 7. COUNTY OF DEATH DIVORCED 7. NOF 120. USUAL OCCUPATION (Kind of work do during most of working life, even if retire HOMEMAKET N 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 15. YES 8. NO 4215 58th.	d.) INDUSTRY Own Home
ate be exection and to lease tempor and in any	14. FATHER'S NAME First Willia 16a. WAS DECEASED EVER IN U.S. A	Am Krieg	THER'S MAIDEN NAME First Middle Mary MANT 5117 Matter	Martell
The law requires that the death certificate be executed within 24 haurs after death attending physician. The burial filled in by the funeral se as the burial fransit permit. Then please canove carbon papers. Pages I and 2 th prior to burial, crematian, or remaval, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Conditions, if any, which governs to immediate cause (a stating the underlying causes).	SED BY: DIATE CAUSE (a) OASPICATION PRO DUE TO, OR AS A CONSEQUENCE OF (b) Generalized ari	terròsclerosis	Bethesda, Md. APPROXIMATE INTERVAL GETWEEN OWSET AND DEATH
ICIAN: pital ar rtificate d far u af Heal	21a. ACCIDENT WAS UNDERLY OF CONTRIBUTING CAUSE OF B (If either, notify medical exa 21d. INJURY OCCURRED 2 While Nat while at wark at work	YING PEATH PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21c. HOW IN 19 21c. HOW IN 21c.	YES NO CAUSES OF DEATH? UNITY OCCURRED (Enter nature of injury in Part 1 or Part 1) NO Street or R.F.D. No. City or Town	Caunty State
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the has TO FUNERAL DIRECTOR: After this cel director, page 3 shauld be detached by the State Dept.	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) R U 23o. BURIAL CREMATION, EMPTY SAMPLY 24. FUNERAL DIRECTOR	b. DATE 3-21-69 23c. NAME OF CEMETERY OR CREM ROCKVILLE CO	ATTENDING MED. DIRECTOR DIVENTED PHYS. DIRECTOR DIVENT	22c. DATE SIGNED 3-19-69 Than, Md (County) (State)
30M REV. 1768	ROBERT A. P	OUMPHREY, Bethesda, Md.	n Ave MAR 2 6 1969 000	inclas ludge.

MAKILAND STATE DEPARTMENT OF HEALTH

	04425		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 2120	
8			CERTIFICATE OF DEATH		04418
€ -5€ 1	(Type or print)	rst Middle	Last	2a. DATE OF DEATH	2b. HOUR
deo	Ec	lgar R.	Riffle		25 1969 11:05
full full fer filer	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday) 67	IF UNDER 1 YEAR IF UNDER 24 HRS.
s af the age rs af	Male	White	02-02-02	67 Y	RS. MONTHS DAYS HOURS MIN.
by by	7a. 81RTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 train	(country) Kentucky	USA		rince George's	Md
in Sile	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120, USUA	L OCCUPATION (Kind of work do	ine 12b. KIND OF BUSINESS OR
with with	Cheverly	Prince Gerog	ge's Gen. Hosp. during mo	ist at working lite, even it retire ired Treasurer	Southern R R
oletra carl	13o. USUAL RESIDENCE (Where decodmission) STATE	eased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUMBER	
be executed within 24 hours after death. and campletely filled in by the funeral security and 2 and 2 in any event, within 72 hours after death.	odmission) STATE MD	Prince George's	College Pk YES NO	9109 40th A	venue
exe em ony	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F		
De o	W111:	iam Riffle	Le	land Benne	ett
de de de	16a. WAS DECEASED EVER IN U.S. (If yes go	ARMED FORCES? ve war or dates of service) 16b. SOCIAL SECURITY		Addres	s
THE SECTION OF THE PERSON OF T	no no	ve trui en euros de servicej	"enneth Riffle	College Par	
The The	18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and (c)) ([]		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath indii or re	PART 1. DEATH WAS CAU	ISED BY: DIATE CAUSE (a) / MUSO (cardial Jula	ucho	Que de
affe an,	1538	DUE TO, OR AS A CONSECUENCE OF		000	2 001
the sit	Canditions, if any, which gar nise to immediate cause (a	(b) discus	concenous of	Colon	3 wenty
tha an. by ran crer	stoting the underlying cour	DUE TO, OR AS A CONSEQUENCE OF		1)	Man
res /sici ned inf-li	last.	1) (1) Generea		clewns	9000
by the hospital ar attending physician. It has death certificate be executed within 24 hours after death by the hospital ar attending physician. It has been signed by the attending physiciae and campletely filled in by the funeral be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 state Dept. of Health priar to burial, cremation, or removal, and in any event, within Zehours after death	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
the law ratending attending has been se as the h priar ta	3 10	cetor melli	tus		
e la tend as as pria	190. DATE OF OPERATION 1	Pb. CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
The population of the populati	KATI KATI		YES NO		
AN: al a icate far Hea		YING 21b. TIME OF INJURY DEATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 ar Port	2, Item 18.)
SICI spit ed ed of	OR CONTRIBUTING CAUSE OF U	miner) P.M.	9		
PHYSICIAN: le hospital ar his certificate stached far u Dept. of Heal		Te. PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street ar R.F.D. No.	City or Town	County State
the det	While Nat while at work			- Se	14 15 15 15 15 15 15 15 15 15 15 15 15 15
TENDING ined by the State of th		this haspital) attended the deceas	ed fram 3 / 196	nian death accurred on the	that (I) (we) last date and haur and fram the
R: ned	causes stated abo	ve, (I) (we) (did) (did nat) view the	bady after death.	man death accorred an me	e date and have and train the
A Short Share Shar	22b. SIGNATURE		ATTENDING . SA	SD STAFF	22c. DATE SIGNED
OR DIRE		2 Dull	DEGREE PHYS.	ED. STAFF PHYS.	
AL FAL FAL FAL FAL FAL FAL FAL FAL FAL F	22d. PHYSICIAN'S NAME (Type)	7 14 1 1 1 1 1 1 1	22e. ADDRESS	andore a	2) Chever 414
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta	<u> </u>	STARKINIV	600/2		v country v
Hour Hour			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 P			coln Crematory	Colmar Manor	Pro Geo Md.
VRAIL	24. FUNERAL DIRECTOR	O C LUNC 11 ADDRESS	11 - 16(1 250. RECORD	Y 2 GISTRAR 96925b. REGISTR	AR'S SIGNATURE LEAGUE
30M REV.\\ 6	F. gasch	· Saws. Hyallsu	rellella DATE	//	Q C

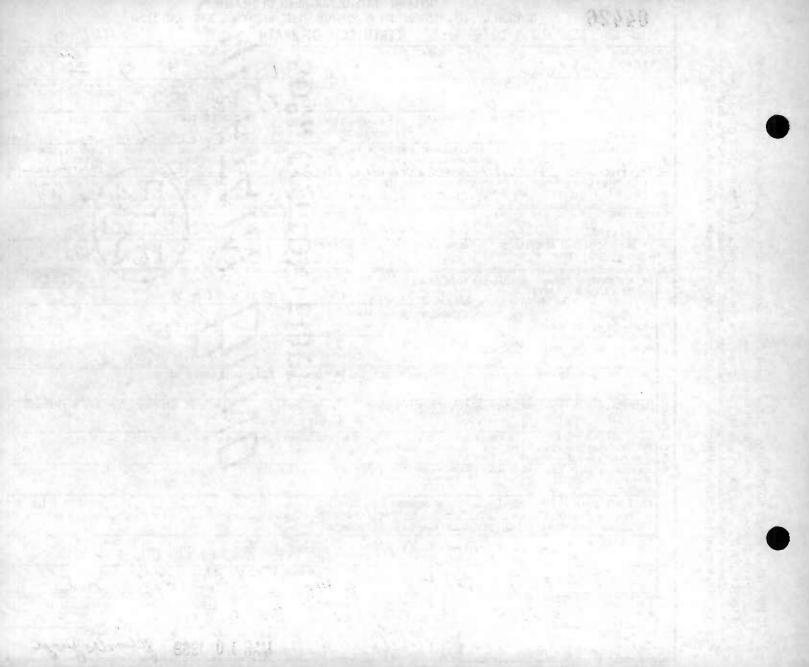
MAKTLAND STATE DEPAKIMENT OF HEALTH

TENER 25 TANKET	nf7327	A Property	range T
	02402402	er lav	nie!
nen Gooder's	had the state of the		
Artematica (Alto 12)	That .gsoH .ne' e'e	north entire	The section of the se
Manager of the state of the sta	in sel wester.		
gr . 200 - 200 1100			
	The Same		
		r	

734

		04420 tems7&8 Film	DIVISION	OF VITAL RECORDS,				RYLAND 21201		
	, I	tems7&8 Film	GL10 3/14	1/69 kk	CERTIFICA	TE OF DEATH			04419	
€ -3€		CEASED-NAME ype or print)	First	Middle	P	Last	2a. DATE OF	DEATH Month D	OV V009	2b. HOUR_
de de		AN	Na	٤,	1	NG-GOLL		3 4	7 65	11 PM
s offer	3. SE	F	4. RACE	ω	S.	DATE OF BIRTH S-6	-78	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
in 24 hours filled in by t papers. Pay	7o. 1	BIRTHPLACE (Stote or foreign otry) Maryland	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH		
within 24 silled i paper your marthin 72	10. 0	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street address		hospital 12a. US		(Kind of wark done		USINESS OR
ban with	77	anham	ma	Magnoties	ardens	nursery	House	life, ever if retired.	INDUSTRY	re-
e executed within 24 and completely filled regards carban paper on any event, within 77	13o. adm	usual residence (Where dission) STATE	leceased lived, if in	astitution Residence befare	13c. CITY OR TO	1 / 4/1 //	NO G	REET AND NUMBER	apolis .	Rd
and a remain any	14.	ATHER'S NAME First	alex	Richards		Scozgar		Middle	der	Lost
te death certificate be ex attending physician and permit. Then please rea ian, ar remaval, and in an	160. Y	WAS DECEASED EVER IN U.	S. ARMED FORCES? es give war ar dates of service	16b. SOCIAL SECURITY		DRMANT E.		Landows	e Hills	md
th certific ling phys Then premayal,		18 CAUSE OF DEATH (Fo	ter only one couse o	per line far (a), (b), and (c)			0		APPROXIMA	ATE INTERVAL SET AND DEATH
leath endin mit. T		PART I. DEATH WAS (CAUSED BY: NMEDIATE CAUSE (o) .	CONCESTI	UEHO	SANTFA	ILUNG		104	UJ.
t the d the att sit per nation,		Conditions, if any, which	DUE TO,	OR AS A TONSEQUENCE OF	loc	Di He	- A	· jan		
equires that the dear physician. signed by the attenc burial-transit permit burial, crematian, ar		rise to immediate couse stating the underlying co	(o), (b).	OR AS A CONSEQUENCE OF	-2100	B A				TO LOCAL
equires tho physician. signed by burial-tran burial, crer		lost.	(c)							
requ g ph n sig e bu		PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONT	TRIBUTING TO DEATH BUT N	IOT RELATED TO T	HE TERMINAL DISEASE OF	R CONDITION GIVE	N IN PART 1(a)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please regrave carban papers. Pages it and should be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours utter action.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION WAS PE	ERFORMED	20a. AUTOPSY? YES NO [CALICTO	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CER	TIFYING
AN: The all ar at icate ha far use Health		21a. ACCIDENT WAS UNDE		ME OF INJURY		INJURY OCCURRED (En		ry in Part 1 ar Part 2	?, Item 18.)	
pital pital pital pital of fo	MEDICAL	OR CONTRIBUTING CAUSE (If either, natify medical e	examiner)	P.M. 1	9		E 3			
G PHYSIC the haspi this certi detached	W	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJU	OFFICE BUILDING, ETC.		TION Street or R.F.D. N		or Tawn	County	State
ATTENDING stained by the CTOR: After is should be dith the State		22a. I certify that (I) (this haspital)	attended the deceos	ed from	hot in (my) (our) o	50, ta	3-4-,1	967, that	(1) (1) last
A ATTENI retained ECTOR: A 3 shauld with the		causes stated a	bave, (I) (****) (did) (did not) view the	body after de	oth.	pilliuli deum i	accorred dil me i	Jaie and naor a	na train me
OR ATTEND be retained JIRECTOR: A se 3 shauld ed with the		22b. SIGNATURE	Roof	1000 1	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22	C. DATE SIGNED	
PITAL OR may be RAL DIR		22d. PHYSIDAN'S NAME (Type)	IDEDT	RITU	J DESKEE	22e. ADDRESS 57		rerogely	Red o	
NER IT	_		LDE N	110171	CEMPTERY OF T	FAAAFADV	Ker	erdale	, ma	10. 15
TO HOSPITAL Page 4 may k TO FUNERAL D director, page should be file	230.	BURIAL, CREMATION, REMOVAL (Specify)	3/8/69	P / hands	CEMETERY OR ER	6 16 . 1	Cente	ON (City of Town)	(County)	(Stote)
VR A15 (4)	24.	FUNERAL DIRECTOR	hi se	ne Haller	ille!	2So. REC'D	BY REGISTRAR	25b. REGISTRAF	S SIGNATURE	ege.

MAKILAND STATE DEPAKIMENT OF HEALTH



5				DIVISIO	N OF VITA	L RECORDS, 301					ND 21201			
1	FOR STATE		0442	8		DICAL EXAM							0442	0
	HEALTH DEPT.	1. D	ECEASED-NAME Type or Print)	Firs	t	Mid	dle	Lost			20. DATE KNO	WN Mon	th Doy Yeor	2b. HOUR
	is ta ta af		Type of Filtil)	Doro	thv	Mae			erts		DEATH MAT	ED 🗔 3-	27-69 19	M
	delo delo	3. S	EX	4. RACE	S. DATE O		6. AGE (In years lost birthday)	MONTHS DAY		24 HRS.	2c. DATE PRON	OUNCED DEAD	Vans	2d. HOUR
	> 73 15		nale	Negro	1/19		49 YR	S.				27°4	69° 196	:45pm M
4	2 E 2 E	70.	BIRTHPLACE (State	or foreign	7b. CITIZEN O	F WHAT COUNTRY?		ARRIED NEVER		100	ITY OF DEATH			
	2 2 3		D.C.			SA			DIVORCED		nce Ge			Md.
	dead dead		ity or town of Cheverly			11. NAME OF HOSPITA give street oddress) Prince Ge	at ok institutio	N (If not in nosp	during	g most of	UPATION (Kind working life, e lestic	of work don ven if retired	le 12b. KIND OF INDUSTRY	BUSINESS OK
	if the Signature of the state o	130.	USUAL RESIDENCE	E (Where deced	sed lived, if i	nstitution: Residence	before 13c. CIT	Y OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AN	D NUMBER 1	9 Alliso	a. N.W.
	within 24 haurs after depending them 18. Give caminer's Office along the pages 1 and 2 with the 72 haurs after death.	0	dmission) STATE	Distri	ct36 COUN	Columbia	Wash	ington	YES 🔲 I	NO 🗌	803 A	llison	St.	
	24 haurs in Item 18 r's Office r's Office rs after d	14. [ATHER'S NAME	First	N	liddle	Lost	1S. MOTHER'S	MAIDEN NAME	First		Middle		Lost
	1 24 1 in H in H is C			Roberts					Banks		9.00			
	hin 24 ncil in niner's pages haurs		WAS DECEASED EVI es, no, or unknow			16b. SOCIAL SE		17. INFORMANT				ADDRESS		
	with per Exam File 72		no			578-16		Bernice	R. Sm	ith s	ister	see #	13 E	AATE INTERVAL
	be executed within "pending" in pencil nief Medical Examine ansit permit. File pag event within 72 hau		18. CAUSE OF	DEATH (Enter of EATH WAS CAUSI	nly one couse	per line for (o), (b),			-l				BETWEEN O	NSET AND DEATH
	executed nding" in Medical permit.		1/1/	2 IMMED	ATE CAUSE (a)			nary emp	омуѕета	l.			Ove	2 yrs
	pender M	10	Conditions, if o	ny which gave	DUE TO), OR AS A CONSEQU		rioscle	rotic h	eart.	diseas	20	over	2 yrs
	d bord de bord	-	rise to immedi	ote cause (a),	(b)	O, OR AS A CONSEQU		1100010	1.0010 1.	roa1 o	ar oca.	30	0 001	~ 910
	should be en word "per a the Chief I burial-transit		stoting the uni	derlying couse)	o, on no n consequ							THE STATE OF	
	ate sl g the ed ta a bu and ii		PART 2. OTHER S	GIGNIFICANT CON	DITIONS CONTR	RIBUTING TO DEATH I	BUT NOT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION	I GIVEN IN PAR	T 1(o)		
	ficat ing ded as a	-												
	This certificate should cate, writing the word be farwarded ta the CI be used as a burial-tremoval, and in any	CERTIFICATION	190. DATE OF O	PERATION			N FOR WHICH O	PERATION			11111111		20. AUT	PSY?
	nis of fall	I I				WAS PER							YES	NO N
	編 등 목 (210. EXTERNAL OF PRIMARY OF DEATH	CONTRIBUTING	21b. TIA	ME OF INJURY Month, UR A.M. P.M.	Doy, Year 19	21c. HOW INJURY	OCCURRED (E	nter noture	of injury in P	ort 1 or Port	2, Item 18.)	
	INER shaul files. 3 sha nation	MEDICAL	21d. INJURY OCC	URRED 21e.	PLACE OF INJU	JRY (At home, form,		21f. LOCATION Str	reet or R.F.D. No),	City or To	wn	County	Stote
	pepury blease execute the cert errors and director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should briar to burial, cremation		AT WORK A	T WORK	actory, office b	,								
	e exect trar. Pa red far cror: burial,					of the remains of								my apinian
	please explained the retained to burector.		deoth re	sulted from:	Nerroral	couses 4	Accident ,	Suicide				ined mann	er 🔐	
	please directer retained or to b		ACTUAL		1/2	1/10	. /-		CHIEF MEDICAL			nnk B	ATE SIGNED	
	nry, peral be real price		SIGNATURE		1	121-	evy		ASSISTANT MEDIC			22D. U	3-28-69	
	O DEPUTY necessary, the funeral 5 may be r O FUNERAL Health price		EXAMINER'S NAME (Type)	Taha	School 1	n Piro	rdale.		ADDRESS(Stree			44	2007	
	necessary, please the funeral directs 5 may be retained TO FUNERAL DIRECT Health prior to be	230	BURIAL CREMAT	TION. 23b	Sehoe I			Y OR CREMATOR			LOCATION (City	or Town)	(County)	(Stote)
		- 40	REMOVAL (Speci		1/3/69			A. 217					rginia	
	VD 415145 (51	24.	FUNERAL DIRECTO	OR J-C/	mol	-TIT- 7.2.	thoust.,	N.W.	2So. REC	R BY REG		2Sb. REGISTRA	R'S SIGNATURE	pe:
	VR A15ME (5) 1DM REV. 1/68	7	ofer	U YY	Mylle	Wilasii	ing outing.		DAMA	1 3	1000	<i>[[</i>	6 0	
					1/									

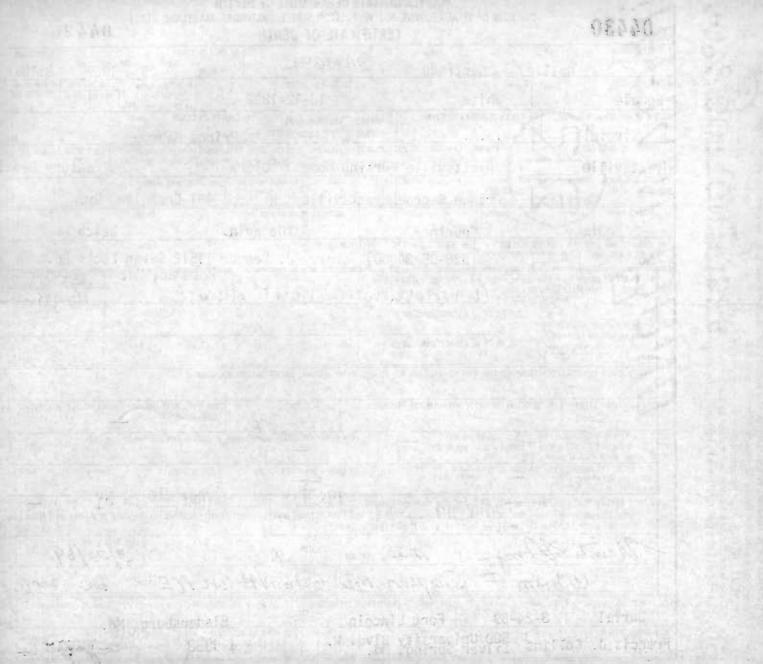
04427 . Targety control of the second of the secon port part is a second of the was mily first to the control of the

04428	DIVISION OF	VITAL RECORDS,	301 W. PRES	PARTMENT OF TON STREET, BALT TE OF DEATH		YLAND 21201	044	22
(Type or print) Ja	First mes	Middle L -		lost binson	20. DATE OF E		1969	2b. HOUR 7:45P
3. SEX Male	1	gro		0ATE OF BIRTH 5/3/1934	1 2	6. AGE (In years last birthday) 34 YRS	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (Stote or fareign cauntry) Durham, N. C.	7b. CITIZEN OF W		MIDOMED	NEVER MARRIED DIVORCED		E Georges		M
10. CITY OR TOWN OF DEATH Glenn Dale	give G1	AME OF HOSPITAL OR INST street oddress) enn Dale Ho			JAL OCCUPATION (nast of working li	Kind of wark done fe, even if retired.	12b. KIND OF INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (Where de admission) STATE	ceosed lived, if institution 136. COUNTY	tian: Residence befare	Wash.,		1.00. 5.11	ET AND NUMBER B. Capi	Ltol St.	, N. E.
14. FATHER'S NAME First Grove		Robinson	15. MC	THER'S MAIDEN NAME Ve	First ertie	Middle	Stol	lost kes
16a. WAS DECEASED EVER IN U.S. Yes, no or unknown) UNKNOWN	ARMED FORCES? give war ar dates of service)	unknown). 17. INFOI	PANT Decede	ent	Address		
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUMAN AND MANAGEMENT OF THE PART	USED BY: IEDIATE CAUSE (a) DUE TO, OR UVE)	ne for (o), (b), ond (c).) onchopneumo AS A CONSEQUENCE OF remia	onia, bi	lateral, a	nd pulmo	nary ede	OFFDUERAL O	
rise ta immediate cause (stoting the underlying coulost. PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBU	AS A CONSEQUENCE OF CALIGNANT NE	RELATED TO THE		CONDITION GIVEN	IN PART 1(o)	mont	hs
Chronic cys 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER		nary bladde		20a. AUTOPSY? YES ≹ NO □	CALLETTE A	res, were findings of death? Yes	CONSIDERED IN C	ERTIFYING
OR CONTRIBUTING CAUSE OF (If either, notify medical ex	DEATH HOUR A.M. P.M.	F INJURY Manth Day Year 19 (AT HOME, EARM, STREET, FACTO OFFICE BUILDING, ETC.		NJURY OCCURRED (Ente		in Part 1 or Part 2	2, Item 18.)	State
While Not while at work 22a. I certify that the saw the decease causes stated ab 22b. SIGNATURE	(this haspital) atte d alive an ave, (we) (did)	ended the deceased 3/10/19 4ddxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		8/12/ , 19.€ at in ≨ocs ≹ (aur) ap h.	58_, ta_ inian death ac	3/10/, 1 curred an the c		
23a. (BURIA) CREMATION, 2	e Weiss, M 3b. DATE 3-17-69	23c. NAME OF CE	METERY OR CREA	Gler	Dale,	Maryland	(County)	2 (State)
24. FUNERAL DIRECTOR	1	ADDRESS	39	2Sa. RECD A	BY REGISTRAR 196	25b. REGISTRAR	'S SIGNATURE	ER. 7:

				F., B
10 10 9 7:05	i'o B	nonnidat		
		1.6.	ors of	1 11
tu.,	Prince dear			." .i. : Ai uu
	Yevina o	tor!	ceof of the period	e fall accus
LEV.UZ MATO	3 . R 6101 3			
is/es	6195	YA.	nasaidos -	Croves
	20	olino III	ачончац	normal
		a side of the	in area ("comme	
			1500-70	
nd-easy		pid a constitution of	disa dalay illar	
			as Hell yassin a	Mildum sinovice
as de 7	01/E	1/12/ 0 80:0	ht // 1/2	
28/81/1				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10	1. 40 (1.	ma-fo	and Mark Sant	201

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
E	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04	423
1.	DECEASED-NAME (Type or Print) First Middle Lost 20. DATE KNOWN Month Do OF ESTI- DEATH MATED Marie Gertrude Royce DEATH MATED 3	28 1966 D 1
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years let under 1 year if under 24 HRS) (ast birthday) MONTHS OAYS OAYS MONTHS OAYS OAYS MONTHS OAYS MONTHS OAYS OAYS MONTHS OAYS OAYS OAYS OAYS OAYS OAYS MONTHS OAYS OA	Yeor 19 69 70 M
70	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	14 O/ D N
CC	Washington DC USA WIDOWED DIVORCED Prince George	M
	give street oddress) during most of working life, even if retired INC	D. KIND OF BUSINESS OR DUSTRY
13	Cheverly Prince George Hosp Housewile 10. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY	
	Md Prince George St Pleasants 2 900 Walnut S	t.
	. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle William Rodgers Unknown	Lost
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ITMA J. Mayhew 900 Walnut St Se	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	Min.
1	Que TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Antenios cleratic heart disease	0 1-
	rise to immediate couse (a). (b)	over 2 days
Г	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
101	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
CEDTICICATION	WAS PERFORMED?	YES NO IN
MEDICAL CEDTI	210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	County Stote
15	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my opinion
	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	
	EXAMINER'S NAME (Type) Dohn Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 3-28-69 ADDRESS (Street, city, town, or county)	F1 (763 1 V)
2	Actuality to the state of the s	ounty) (Stote)
-	The man and a manager agreement?	Maryland
4	4. FUNERAL OIRECTOR Obert E. Wilhelm Funer Pariss Home 250 REGISTRARS SIGN 4308 Suitland Road Suitland Maryland DAR PR 1 250 REGISTRARS SIGN	TAILURE SEE
	AND DUT OTTOM TOTAL OUT OTTOM THE ATTENTION OF THE PARTY	UT

			NO STATE DEPARTMENT OF F		
	07.7.20	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	01101
	04430		CERTIFICATE OF DEATH		04424
h. 2	1. DECEASED-NAME First	Middle		2a. DATE OF DEATH	2b. HOUR
death nefol deoth	(Type or print) Nelli	e Gertrude	SANGER.	20. DATE OF DEATH Month 20 Doy	Vons
er d	3. SEX	4. RACE	S. DATE OF BIRTH	3 20	969 2:10a M
# 1 3 a la	Female	White	10-12-1892	last hythday)	MONTHS DAYS HOURS MIN
haurs aft. n by the s. Pages hours aff				- /6 YRS.	
ate_be executed within 24 haurs ician and/completely filled in by lease remove corban popers. Pa and in ony event, within 72 hours	(country)	7b. CITIZEN OF WHAT COUNTRY?	MOUNTED MEATH WANKIED	9. COUNTY OF DEATH	
24 ind in 727	Virginia	U.S.A.	WIDOWED DIVORCED	Prince George	Md.
fill grin	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 120. USUA	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ed within 24 h pletely filled in corban popers ent, within 72 h	Hyattsville	Hyattsville	Nursing Home	ost of working life, even if retired.)	Treasury Dept
the second	13o. USUAL RESIDENCE (Where deceased	d lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LE		
cuted v ompleti ve corl	odmission) STATE Maryland	Prince Georg	e Hvattsville YES NO	401 Green law	n Dr.
oe exe	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
9 1 2 4	Outmby	Countney	Octa		velch
San	Ouimby 16a. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		Address	vercii
jg 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes, no, or unknown) (If yes give wor	or dates of service) 578-05-3		nger 11512 Seven L	ncks Rd
PHYSICIAN: The law requires that the death certificate be executed within e hospital or attending physician. his certificate has been signed by the attending physician and completely fille stacked for use as the burial-transit permit. Then please remove corban po Dept. of Health prior to burial, cremation, or removal, and in any event, within				Potomac, Md.	APPROXIMATE INTERVAL
he deoth ce s attending ! permit. The	1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	one couse per line for (o), (b), and (o	1		BETWEEN ONSET AND DEATH
end mit.	IMMEDIAT	E CAUSE (0) Urterios	derotic heart	disease	10 45
aff per ion,	14100	DUE TO, OR AS A CONSEQUENCE O			0
t th the sit p	Canditians, if any, which gave) nise to immediate cause (a),	(b)			
tho an. by ron ren	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O			
siciones ed al-t	last.	(c)			
4. The law requires that the or attending physician. It has been signed by the ruse as the burial-transit salth prior to burial, cremate	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(o)	
o na do				All Control of the Co	
IAN: The law real or attending itate has been for use as the Health prior to	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
antte and a property of the	FIG	Carlotte Carlotte	YES NO 🔀	CALICES OF DEATHS	_
IAN: The all or afficate ho for use Health p	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		noture of injury in Port 1 or Port 2, Ite	10 \
fical of the He		HOUR A.M. Month Day Yeo	ZIC HOW MIJORI OCCORRED (EMIGR	noture of injury in Port 1 of Port 2, Ite	em 16.)
SIC spit spit erfilled	OR CONTRIBUTING CAUSE OF DEATH		19		
S PHYSICIAN: 1 the hospital or this certificate detached for us e Dept. of Healt	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
구 구 구 씨	ot work at work		1051		10
ATTENDING etained by the CTOR: After is shauld be dirith the State	22a. I certify that (I) (this	hospital) attended the decea	sed from 1951, 19 1969, and that in (my) (our) api	, to 11108 20, 19_	that (I) (we) last
ENG Pled by he	saw the deceased allo	(I) (we) (did) (did nat) view the	and that in (my) (our) api	nian death accurred an the date	e and haur and fram the
To in the that the that the that the the the the the the the the the th	22b_SIGNATURE	(1) (ma) (ma) (ala liai) view ilie	bady affer death.		
OR I	- Munich	ton- m	D. DEGREE PHYS. M	NED. STAFF -	ATE SIGNED
De pe ga e	22d. PHYSICIAN'S	1 111	DEGREE PHYS. 22e, ADDRESS	IRECTOR PHYS.	120/07.
ITAL OR ATTENDING PHYS may be retained by the has RAL DIRECTOR: After this cei page 3 shauld be detache be filed with the State Dept.	NAME (Type) (/). 1/1/2	m F. Simpso	20(1) 1 4 1 1 26	+an NF -	DC 20011
TO HOSPITAL OR ATTENDING Page 4 moy be retained by to FUNERAL DIRECTOR: After director, page 3 should be considered by the Stote should be filed with the Stote state.	CO PURIS CREATIVE AND			Jon Ciri	
D. F. C.	230. BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5			Lincoln	Bladensburg, Mo	
VR A15	24. FUNERAL DIRECTOR Francis J. Collin	ns 500 Universit	y Blvd. W. 250. REC'D B	2 4 1969 Elliane	IGNATURE
45M - 1X1993	Trancis o. Collin	3 Silver Spring	, Md. W. DAMAR	2 4 1969 juliane	as Justice



1	1			201 W DECTON CIDEET	, BALTIMORE, MARYLAND 21201	
		04431	DIVISION OF WHAL RECORDS			04425
		72104		CERTIFICATE OF DE		_
d 2 2 H.		CEASED-NAME First		Last	2a. DATE OF DEATH Manth D	ay Year 2b. HOUR A
r death. uneral l'and 2 ir death.	1	7, 10	aude	Saurer	march 2	69 9:12 M
in The second	3. SE	X .	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the safe		F	w	4-30-	last birthday	MONTHS GAYS HOURS MIN
by the bours		IRTHPLACE (State or fareign,	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
h h h	caun	now und	W.Sa	WIDOWED DIVORCED		Md.
filled i paper	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat in haspital	2a. USUAL OCCUPATION (Kind of work plane	
ロー・エーエクト	1	I leston ma	give street address):	Green	luring most of working life, even if retired.	INDUSTRY 1 - 1
arbeet d	13a.	USUAL RESIDENCE (Where dece	ased lived, if institution: Residence before	13c. CITY OR TOWN 13d. IN	ISIDE CITY LIMITS? 13e. STREET AND NUMBER	4 14
completely with y event, with y	admi	STATE SIATE	136. COUNTY	Much De YES	× NO 2360 GA	Hope R/22
and camp	14. F	ATHER'S NAME // First	Middle / Last	IS. MOTHER'S MAIDEN	NAME First Middle	Last
be ex and and lin and lin and		Bern	red Sour	u s	auch.	Bishup
ate bo		WAS DECEASED EVER IN U.S. A		YNO. 17. INFORMANT	Address	
rrtificate b physician en please aval, and	Y	es, no or unknawn) (If yes giv	e war ar dates of service) 578-32	-3748 - Esth	er to Weldenson	Tomer
ceri The P		18. CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and	d).)		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
ne death ce attending p permit. The		PART I. DEATH WAS CAUS	SED BY:	ARDIAC	ARREST	WALLET WILL THE WALL
e deatl attendi permit. ian, ar r		11 10 9	DUE TO, OR AS A CONSEQUENCE O	f.		
it the a		Canditians, if any, which gave		ONARY OU	RCLUSION	
nat J. t y t unsi		rise ta immediate cause (a)	(b)		20000,000	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove call the state Dept. af Health prior to burial, cremation, ar remayal, and in any event of the state Dept. af Health prior to burial, cremation, ar remayal, and in any event of the state Dept. af Health prior to burial, cremation, ar remayal, and in any event of the state Dept.		stating the underlying cause last.	(c) ARTE	RIOSCUERO	TTO CARDIOVASCO	14/2
apuir Shys igne igne uric		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART A(6)	2001
ng pen sen sen to b	2	(PARC INOM	A. DHET	ASTATIC	
law retending is been as the priar to	ATIO	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
AN: The law re all or attending icate has been for use as the Health prior to	CERTIFICATION			YES _	NO CAUSES OF DEATH?	
AN: Jar al ar icate far us		21a. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or Part 2	2, Item 18.)
CIA ifficial ifficial	MEDICAL	ar contributing CAUSE OF O		19		
YSI asp cert cert shed	MED	214 INTHEN OCCUPPED 21		FACTORY.) 21f. LOCATION Street or I	R.F.D. Na. City or Town	Caunty State
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certific ge 3 should be detached fa led with the State Dept. af H		While Nat while at wark	OFFICE BUILDING, ETC.	/		
NG V the red d		22a L certify that (I) (this haspital) attended the decea	sed fram ////2	1967 to 2-2-1	9.69, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P		saw the deceased	glive on 2/3	19 and that in (my) (c	aur) apinion death accurred an the	date and hour and fram the
A Single Hard			ge, (I) (we) (did) (did nat) view the	e bady after death.		
W stranger		22b. SIGNATURE	1. , 00	ATTENDING	MED. STAFF 122	c. DATE SIGNED
OR be r		AL	fred Cap	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	2/2/69
AL AL Page file of file		22d. PHYSICIAN'S NAME (Type)	DIEDEDED	22e. ADDRESS	1, 201-011/	ND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to			a less of t	THE IN WILL	CON TON T	/
HO age	23a.	BURIAL, CREMATION, 23b	D. DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	rg, Maryland
5- 5 _p	04		ar.5-69 Fort	Lincoln Ceme	etery - Bladensbu	<u> </u>
VR A15	24	mmans Bros	ADDRES	A SE DO	MACRIBY REASTRIS69 256 RECKSTRAF	The frage
30M REV.	1	mmolis Dros.	TOOT-GG Hope h	DAT	E .	0 0

3 - 1		04432		F VITAL RECORDS	s, 301 W. PR	ESTON STREET, BALT		RYLAND 21201		
1	It	em5 FilmG410 3	/17/69 H	ck	CERTIFICA	ATE OF DEATH			04426	
de arh.	(ECEASED-NAME First Type or print) Harol		Middle E. Sch	nattman	Lost	2a. DATE OF 3/10/6			2b. HOUR A 4:45 M
24 haurs after death de in by the uneral pers. Pages of a 72 haurs afterweath	3. SI	Male	4. RACEWhi	te		744/14/19/2 Feb 17 189	92	6. AGE (In years last/bythday) .	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
4 haurs and in by the Pers. Pog	7o.	BIRTHPLACE (State or foreign ntry) NEW YORK	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH George's	County	Md
within 24 haurs a lely filled in by th bon papers. Pog		CITY OR TOWN OF DEATH Cheverly	11. giv	NAME OF HOSPITAL OR I e street address) Pr ospital	NSTITUTION (If no	orge's during m		(Kind af wark dane life, even if retired.)	12b. KIND OF I	
icate be executed within sician and completely follows carbon carbon and jorang event, with	13a. odm	USUAL RESIDENCE (Where decedission) STATE Marylan	sed lived if instit	ution: Residence before	e 13c. CITY OR 1			REET AND NUMBER Universi	ty Blvd	
any composition of the compositi	14.	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NAME F	irst	Middle		Lost
2 E = 2	E	ELIAS SCHAT	TMAN				WOLF	7		
physician en pleas avol, and		WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	16b. SOCIAL SECURIT	Y NO. 17. IN	FORMANT SON HARD SCHATT	MA'N . 1/3	Address 5-26 (04.7	- TERR.	S.S. Md.
equires that the death certific physician. signed by the ottending phys buriol-transit permit. Then b buriol, cremation, or remavol		18. CAUSE OF DEATH (Enter o	nly ane cause per	line for (a), (b), and (APPROXIM	MATE INTERVAL NSET AND OFATH
he death ce e ottending i permit. The		PART I. DEATH WAS CAUSI	ED BY: IATE CAUSE (a)	Coro	- au	occle	ean		1h	
otte	100	4100	. ,	AS A CONSEQUENCE O)F	7				
the the sit p		Conditians, if any, which gove rise to immediate cause (a),		1 do pertur	nin Ca	edio - Vo	o Cula	Deria	year	2
tho an. by ran		stating the underlying cause		AS A CONSEQUENCE O	IF				0	
res /sici		last.	(c)							
equires that the physician. Signed by the buriol-transit buriol, cremat	N.	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIE	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIVEN	I IN PART 1(a)		
w ra ling sen the r ta	S	Clark Cho	lay set	this E C		theans w		potion		
PHYSICIAN: The low requires that the death certificate be executed within the hospital or attending physician. The hospital or attending physician and completely fille this certificate has been signed by the ottending physician and completely fille stacked for use as the burial-transit permit. Then please remove carbon particularly priar to burial, cremation, or remavol, and jordny event, within the priar to burial, cremation, or remavol, and jordny event, within the priar to burial, cremation, or remavol, and jordny event, within the priar to burial, cremation, or remavol, and jordny event, within the priar to burial, cremation, or remavol, and jordny event, within the priar to burial, cremation, or remavol, and jordny event, within the prior to th	CERTIFICATION	3/1/65 R	upture	HICH OPERATION WAS I	ede	20a. AUTOPSY? YES NO	CAUSES	YE'S, WERE FINDINGS OF DEATH?		RTIFYING
ICIAN: pital or rifficate d for u of Heol	MEDICAL CE	216. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	HOUR A.M	. Month Day Yea	or 19	N INJURY OCCURRED (Enter		y in Part 1 ar Part 2,	Item 18.)	
	W	at work at wark				ATION Street or R.F.D. Na.		or Town	County	State
ATTENDING etained by th CTOR: After t should be di		22a. I certify that (1) (the saw the deceased of	nis haspital) at	tended the decea	sed fram 1965_, and	that in (my) (aur) api	€_, ta <u>.3</u> nian death d	ccurred an the de	45, that ate and hour o	(I) (we) last and fram the
ATTA Tain tain shou	100	causes stated abav	e, (I) (we) (did	i) (d id no t) view the	e bady after de	eath.		224	DATE SIGNED	
OR ATTENE be retained DIRECTOR: A je 3 should ed with the			hera	there,	97 1) DEGREE	ATTENDING PHYS.	IRECTOR	STAFF PHYS.	3 /10/6	5
ro Hospital or Poge 4 may be ri to FUNERAL DIRE director, poge 3 should be filed w		22d. PHYSICIAN'S NAME (Type) SAUL		ARTZBAC	IH MD	22e. ADDRESS 106 - 1RV			JASH I	00
HOS ge 2 FUN recte	23a.		DATE	23c. NAME O	F CEMETERY OR C	REMATORY	23d. LOCATIO	N (City or Tawn)	(Caunty)	(State)
00 00 ip 42		REMOVAL (Specify)	5-12-			YEMORIAL GA			HURCH	VA
VR A15 (4) 45M · 1/69		FUNERAL DIRECTOR ERNARD DANZA	NSKY of	ONS WASH		OC PAR B	1 3 196	9 25b REGISTRAR	SIGNATURE	è

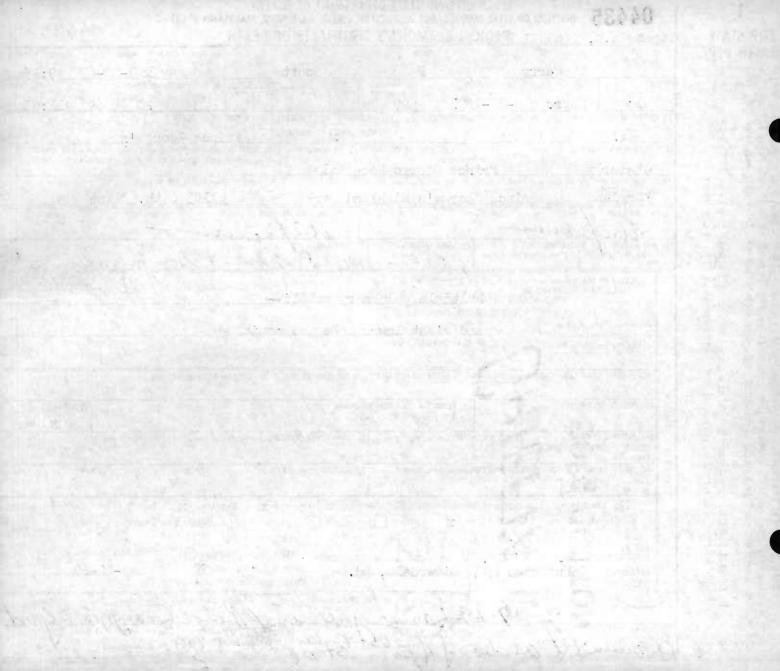
	THE TA	in read and and and		SINTALLA		91	9 c 2 . 9
		PENANT					
					TO THE		
	und I form	al senial for					
				7 6-9-1	Witness.		
H. Sta		101	C II-ON		-	Library Commit	
							14-15
	er annual Mil			CHARLES IN LIGHT			
	70.11	WORK	14818.0				
					y thoras of		

		emll FilmG411	17 7 7		CERTIFIC					044	
		ECEASED-NAME Firs		Middle		Lost		o. DATE OF D	MAR 30 Doy	Year	2b. HOUR
	3. SI		4. RACE	М		CHIRMA S. DATE OF B				1969 IF UNDER 1 YEAR	0854 M
		FEMALE	CAUCAS	IAN		7 AUG			6. AGE (In years last birthday)	MONTHS DAYS	
	7o.	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WI	HẠT COUNTRY?	B. MARRIED [WIDOWED]	NEVER MAI	KKIEU	OUNTY OF T		UNTY	Md.
0		ITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN	STITUTION (If no	ot in hospitol	12o. USUAL OC	CUPATION (Kind of work done		
5	13n	IISIIAI RESIDENCE (Where dece	CE BASE M	HALLULM GK	JW USAF	HUSP	13d. INSIDE CITY LIMITS?	SEWIFE	fe, even if retired.) EET AND NUMBER	N,	/A
)	odm	USUAL RESIDENCE (Where decersion) SIMID .	IPROPHOE	GEORG ES	HYATTS	VILLE	YESX NO	6918	BANNAPOLI	S RD.	- 75
	14.	FATHER'S NAME First JOHN	DWARD Middle	Lost	12	. MOTHER'S M	AIDEN NAME First		Middle		Lost
	160	WAS DECEASED EVER IN U.S. AF	Ual.	Obloy 16b. SOCIAL SECURITY	NO 17 II	NFORMANT	MAR	Υ	D Tylka Address		MPHIS
	Y	es, Noor unknown) If yes give	war or dates of service)	190 26 32			HIRMAN,	NAVAL	AIR STATI	ON,	TENN
		1B. CAUSE OF DEATH (Enter of	nly one couse per li	ne for (o), (b), ond (c	.)	C-1946			ALC: NO	APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUS								15 M	IN
Ä		Conditions, if ony, which gove	DUE TO, OR	AS A CONSEQUENCE OF	ADOLUC						
		rise to immediate couse (a)	1	EREBRAL EI				1000		15 M	IN
		stoting the underlying couse		HUMATIC_HI		SEAS E	MITDAL	INCHE	D ADTO IAL E	19 10	VDC
		PART 2. OTHER SIGNIFICANT CO								10 10	11/2
H	Z									124	
	CERTIFICATION	19o. DATE OF OPERATION 199	CONDITION FOR WH	IICH OPERATION WAS P	RFORMED	20o. AUTO			YES, WERE FINDINGS CO	ONSIDERED IN	CERTIFYING
	ERTIFI	AL ACCIDENT WAS INDEDING	NO 1011			YES 🔀					
		21 o. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF DE	ATH HOUR A.M.	F INJURY Month Doy Yeor		JW INJURY OC	CURRED (Enter not	ure of injury	in Port 1 or Port 2, I	tem IB.)	
	MEDICAL	(If either, notify medical example 21d. INJURY OCCURRED 21	iner) P.M.	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		CATION Stra	et or R.F.D. No.	City o	or Town	County	Stote
		ot work ot work									
		220. I certify that (1) (t	his hospitol) att	ended the deceos	ed from_3	March	, 1969	, to_30	J Mar , 19	69_, tha	t (K) (we) lost
		220. I certify that (1) (t sow the deceased causes stated above	alive on 30 M	(dishoot) view the	hadv after a	d that in (x leath	ıy) (aur) apinioi	n deoth oc	ccurred on the da	te and hour	and from the
		22b. SIGNATURE	C, (1) (110) (ulu)	(SASTIXI) AIGAL IIIC	bady direct				22c. I	DATE SIGNED	
		Jene	y K	take	DEGR	EE PHYS.	NG X MED.	TOR -	STAFF STAFF STAFF	Mar 69	E DAG
		22d. PHYSICIAN'S NAME (Type)				22e. ADI					
		LLO		RBER					HOSP ANDR		
1	230.		DATE ril 2, 19	23c. NAME OF	incoln				(City or Town) Manor Pro	(County)	(Stote) Md.
2	24.	FUNERAL DIRECTOR F. Ga				Jeme ve	2So. REC'D BY RE	GISTRAR	25b. REGISTRAR'S	SIGNATURE	
5		r. ua	sen s on	Hya tt	sville.	Md.	-APR	3 196	39 yellow	YOU YOU	se.

		Called to	A STATE OF THE STA	5.05
	A-777-07 SOVER			
	270 240 2		Mary Application in Mary Application	
•		ANIDE CLOVE	on as out	
	1778, 316, 367 67	, ,		
	124 N. H. 34(r vill		
Di THEO				
		COMMITTEE TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

10.30 Condier arrest MON interestable lies descent out 20 years Frankin I eletely mountain burnetto About his those morning todated 19/8/2 James de Lange Lines 2121 Para, Are Pit ac HITT Appendiculation of the second second

Tto	me#75 h	DIVISION FilmG4	T MEDIC	ALEXAM	INFR'S	FRTIFI	CATE	OF DE	ATH	IND ZIZ	VI		044	429	
	CEASED-NAME	First	T MICE	Middle		EKIIII	Last	OI DEF		a. DATE K	NOWN	Month	Doy	Year :	2b. HOUR
(T)	ype or Print)	Pern	er r	म			Scot	+		OF	ESTI- MATED ST				45amM
3. SE	X	4. RACE	S. DATE OF BIR	-	6. AGE (In years	IF UNDER	R 1 YEAR	IF UNCER 24	HRS.		ONOUNCED)-09		2d. HOUR
-	fale		6-17-3		last birthday)	MONTHS	OAYS	HOURS	MIN.	Month		Doy	69 ^{Year}		
	IRTHPLACE (Stote	Negro	CITIZEN OF WI			ARRIED N	HEVED MAD	DIED	o COUN	TY OF DEA		0	69	A T T	05amM
count	rv)	or rororgii /	/	AI COUNTAI:		DOWED TO		RCED							
10 CI	TY OR TOWN OF	DEATH	USA	AME OF HOSPITAL		100.00			HAL DCC	nce (Georg	e s	12b. KIND	OF BUSIN	Md.
	Chever	v	give Pri	street oddress)	rge Ho	spital	1	during r	most of v	working lif	e, even if r	etired.)	INDUSTRY	OI DOJINI	.33 0 k
		E (Where deceose	d lived, it institu	stion: Residence	befare 13c. (11	Y OR TOWN	13d	. INSIDE CITY LIM	1		AND NUME				
du	Mary Tar	nd I		eorge's		and Pa	irk	YES NO		1103	69th	Pla	ace		
14. FA	ATHER'S NAME	First	Middle		Last	IS. MOTH	HER'S MAID	EN NAME	First		Mid	dle		Lost	
16a. V	VAS DECEASED EV	R IN U.S. ARMED FO	RCFS?	16b. SOCIAL SECU	RITY NO	17. INFORM	ANT	kup	w	u	ADDRES	SI	1		
	es, no, or unknow		or or dates of service)	MADIL	2	m,11	Bo	Mar	U-	134	73-	hear	1		NIL
	10 CAHEE OF	DEATH (Enter only		1 Julia	1 (1)	HILASI	4	100		1~~	1	The second		ROXIMATE IN	
	PART I. DI	CATH WAYAC CAHCED	DV.			A DO	.6	/.				//	BETWE	EEN ONSET AN	O OEATH
	1150	IMMEDIAT	1,1	ultiple	- 4	nary e	embol]		-		U	-		
	Conditions, if or	ny which gove)		AS A CONSEQUEN											
	rise to immedi	ate cause (a),		nd right		c Lobe	pne	umonia	a				-		
	stoting the uni	derlying couse	DUE TO, OR	AS A CUNSEQUE	ILE UF								1		
	_	,	(c)												
	PART 2. OTHER S	IGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BU	T NOT RELATE	TO THE TER	RMINAL DI	SEASE OR CO	NDITION	GIVEN IN I	PART 1(a)				
CERTIFICATION	19o. DATE OF OI	PERATION		19b. CONDITION	FOR WHICH O	PERATION							20.	AUTOPSY?	
FICA				WAS PERFO	RMED?									YES [X]	NO 🗍
	21a. EXTERNAL O	AUSE WAS		INJURY Manth, Do M.		21c. HOW II	NJURY OCC	URRED (Ente	er nature	of injury i	n Part 1 ar	Part 2, Ita		24	
MEDICAL	CAUSE OF DEATH	1	Ρ.	M.	19	016 1064710	201.6	-0.50.11		611	Ţ		C- 1		Const
3	21d. INJURY OCC		ACE OF INJURY (ory, office buildir	At hame, form, st g, etc.)	reet,	21f. LOCATIO	JN Street o	r K.F.D. No.		City or	Town		County		State
	AT WORK LL AT	WORK		. ,	1-7-5		1111			The little	3/51				
	22a. l c	ertify that I ta	ak charge af t	he remains de	scribed aba	ve, held ar	n Autap	osy 🛣	Insp	ection 2	x, Inc	quiry [, and	in my	apinian
	death res	sulted fram:	Natural cau	ses X, Ag	ddent,	Suicide		Hamicide		Undete	rmined r	manner			
		1	1	W //	-		CHIE	F MEDICAL EX	XAMINER						
	ACTUAL SIGNATURE	X	mi/	Ille		. M		STANT MEDIC				22b. DATE	SIGNED		
	EXAMINER'S	John Ke	hoe MD	River	dale, l			ITY MEDICAL	EXAMIN	ER 🔀		3-2	22-69		
	NAME (Type)			101.01			ADDI	RESS(Street,	city, tow	n, ar caunt	у)				
230	BURIAL CREMAT	ION, 23b.	DATE	23c, NAM	NE OF CEMETER	Y OR CREMA	ATORY	_	23d	OCATION (City or Tow	m)	(County)	(Sta	re)
	* 1 - Z 1 1 1 1	5-	29-6	9-40	mon	del	lunk	real	Mu	uce	Lo	and	O. Cou	The	send
24	FUNERAL DIRECTO	OR ///	~//		ADDRESS	FR	Va	2So. REC'D	BY REGIS		25b. REC	GISTRAPS	GNATURE	P	- Lug
1	nul	14//	2 Va	11/	1063	-665	100	PATEAPF	1	196	3 1	May	Can C	weeker	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04430 04436 CERTIFICATE OF DEATH DECEASED-NAME Middle SCOVITC LOST 2a. DATE OF DEATH 2b. HOUR (Type or print) Month LEA 2 40AM 6 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX within 24 haurs after last birthdoy) MONTHS OAYS HOURS signed by the attending physician and completely filled in by the burial-transit permit. Then please remaye carban papers. Pages burial, crematian, ar remayal, and in any event, within 72 hours af w Z YRS. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country USA DIVORCED WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street, oddress) during most of working life, eyen illretired.) 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d, INSIDE CITY LIMITS? executed STATE odmission) 13b. COUNTY NO X YES Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Lost requires that the death certificate be 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give wor or dates of service) Yes no. or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause peoine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse; lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) far use as the b f Health priar ta b peen 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? TO FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🗔 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. of H (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town (ounty State While Nat while at wark 1964, to much 22a. I certify that (1) (this haspire) attended the deceased from saw the deceased alive on Well 35 _19 151, and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. STAFF DEGREE DIRECTOR PHYS. 22e. ADDRES 22d. PHYSICIAN'S NAME (Type) IN GFIEL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAJJON (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DAJE REMOVAL (Specify) m 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 1969

MARYLAND STATE DEPARTMENT OF HEALTH

351.0

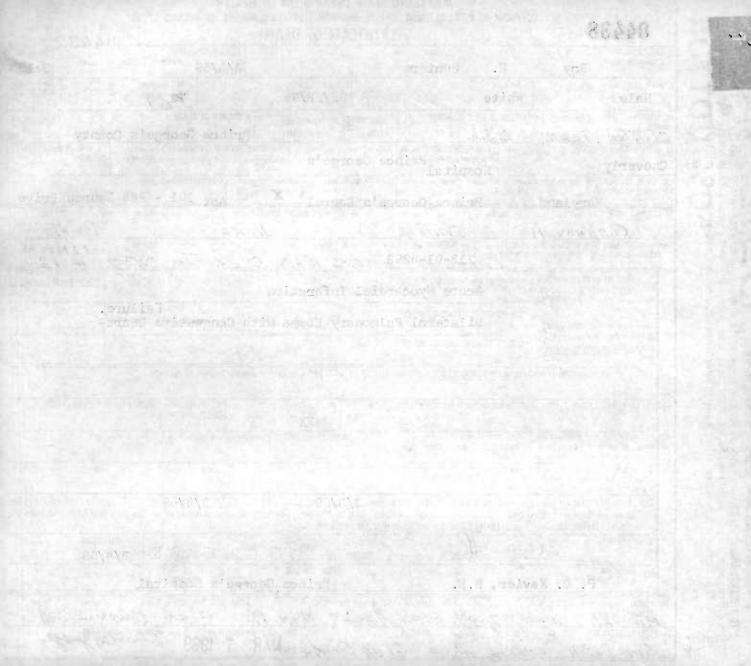
to Lipitan dur

Net L

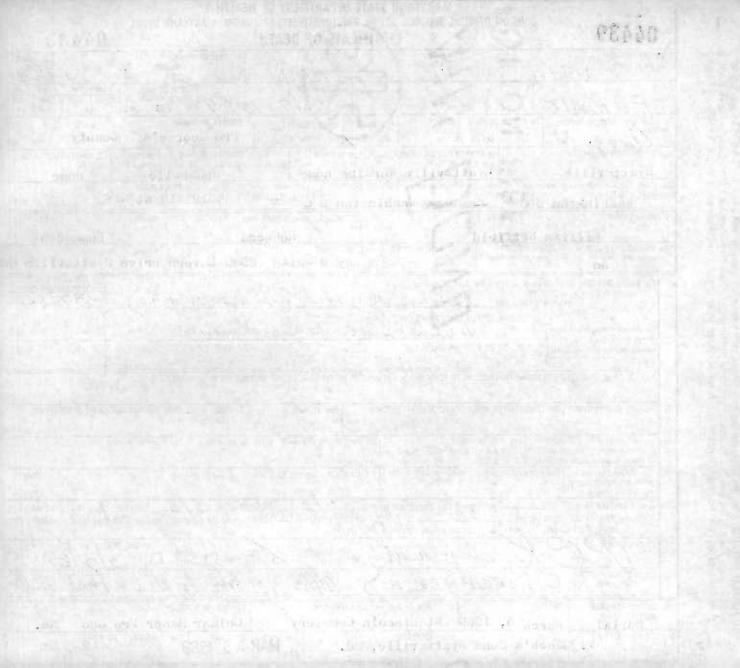
1	Items 18&22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 4-10-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04431
FOR STATE	04437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04421
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Montt (Type or Print) 20. DATE KNOWN Montt OF ESTI-	h Day Year 2b. HOUR
is of ge	(Type or Print) OF ESTI- DEATH MATERIX 3-9	-69 192:30pm
d 3 d 3	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
any delay is 2, and 3 to PM3. Page	Female White 5-28-1916 52 YRS 3 9007	699 2:05pm
Sep. 1. 2	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
for for for	Count Washington, D.C. USA WIDOWED DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	
Pogrith with	give street oddress) during most of working life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY
er d	Cheverly Prince George Hospital Housewife 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER	
within 24 hours ofter deoth any de name in Item 18. Give Poges 1, 2, and Exominer's Office olong with form PM3. File pages 1 and 2 with the State Deportman 72 hours ofter deoth.	odmission) 1316 (Ounty George's Maryland Park YES NO 6527 D Stre	et.
hours Item 1 Office 1 ond 2 ofter, c	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 hor rs off	Albert F. Saul Elsie A. Harvey	
hin 24 mil in 24 pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. JNFORMANT - APDRESS C.	tonoman Daugh
	(Yes, no, or unknown) (If yes give war or dates of service) — Macker with the Geraldine S 8825 3rd Ave. Forestyille, Mo	d
E i	18. CAUSE OF DEATH (Enter only one couse per ling far (d), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecuting" dico	IMMEDIATE CAUSE (a) HEAT C TATLUTE	Minutes
exe end it pe	4/23 DUE TO, OR AS A CONSEQUENCE OF	
hiel hiel	Conditions, if ony, which gave his to immediate cause (a), (b) Arteriosclerotic heart disease	Unknown
should be executed with the word "pending" in the Chief Medical Expression burial-transit permit. File in any event within 72	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Service 1
sh he v to t to t bur d in	(6)	
DICAL EXAMINER: This certificate should be executed use executed the certificate, writing the word "pending" nector. Page 4 should be forwarded to the Chief Medical ined for your files. RECTOR: Page 3 should be used as a burial-transit permit. For a burial, cremation, or removal, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vritir vord vord ed o	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is ce forv forv e us	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2)	YES XX NO
ficol ficol be ld b	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2)	, Item 18.)
INER: e certi should files. 3 shou otion,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 2 Id. INJURY OCCURRED 2 Ie. PLACE OF INJURY (At home, form, street, 2 if. LOCATION Street or R.E.D. No. City or Town	
MIN the t sh t fill mot		Caunty State
ical Examiner: execute the certifur. Poge 4 should files. To your files. CTOR: Page 3 should buriol, cremotion,	AT WORK AT WORK	
Xect Xect For Por OR: riol,	22o. I certify that I took charge of the remains described above, held on Autopsy 🗵, Inspection 🏗, Inquiry (
Se escription of the control of the	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manne	ır 🔲
pleose I director retoined I DIREC	ACTUAL CHIEF MEDICAL EXAMINER	TE SIGNED
ry, ple erol di be rett RAL Di prior	SIGNATURE MODICAL EXAMINED AT	3-10-69
o DEPUTY DICA necessory, pleose exthe funeral director. 5 may be retained private prior to but Health prior to but	EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	7-10-03
TO DEPUTY DICAL EX necessory, pleose execut the funerol directar. Pog 5 may be retoined for y TO FUNERAL DIRECTOR: P Heolth prior to buriol,	230. BURIAL CREMATION 4 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	Burial / 3/13/69 Cedar Hill Washington, D	
	24. FUNERAL DIRECTOR LIST TO THE TANGENT HOME ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	S'S SIGNATURE
VR A15ME 151	4308 Suitland Rd., S.E., Suitland, Md., 20023 MAR 1 7 1969	eles Judge

113/19 the fact that the last the second Commence of the contract of th THE RESERVE OF THE PARTY OF THE a design to the

04438	DIVISION OF VITAL RECORDS, 301 V	TE DEPARTMENT OF J. PRESTON STREET, BAL FICATE OF DEATH	TIMORE, MARYLAND 21201	
1. DECEASED-NAME First (Type or print) Roy	Middle E. Senters	Last	2a. DATE OF DEATH 3/3/69 Month Do	04432 2b. HOUR 3:10 N
3. SEX Male	4. RACE White	S. DATE OF BIRTH 05/23/99	6. AGE (In years least-birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. 8IRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH Cheverly 130. USUAL RESIDENCE (Where deceased admission) STATE		George's during of Y OR TOWN 13d. INSIDE CITY		12b. KIND OF BUSINESS OR
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		BEATS
160. WAS DECEASED EVER IN U.S. ARM		17. INFORMANT MRS MARY	Address	SAME AS
Conditions, if any, which gave nise to immediate cause (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COM	y ane cause per line far (a), (b), and (c).) 8Y: Acute Myocardi TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	onary Edema wi	CONDITION GIVEN IN PART I(a)	art-
J J J J J J J J J J J J J J J J J J J	CONDITION FOR WHICH OPERATION WAS PERFORMED	YES XX NO	_	
☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	H HOUR A.M. Manth Day Year		ter nature of injury in Port 1 or Part 2	, Item 18.) Caunty State
While Not while at wark 220. I certify that (I) (the sow the deceased of courses stated above 22b. SIGNATURE	s hospitol) ottended the deceosed from ive on	DEGREE ATTENDING PHYS. 22e. ADDRESS	, to 3/3/69 , 1 pinion deoth occurred on the c	
230. 8URIAL, CREMATION, REMOVAL (Specify) Proceedings of the control of the contr	ARCH 7,1969 GLEN. HI	OVEN. MEM. F.	BY REGISTRAR 2Sb. REGISTRAR	(County) (State)



11	MARYLAND STATE DEPARTMENT OF HEALTH	
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0
. 2 .	U4439 CERTIFICATE OF DEATH 0443 1. DECEASED-NAME First Middle Lost 120 DATE OF DEATH	
death. neral and 2 death.	1. DECEASED-NAME First Middle Lost , 2a. DATE OF DEATH (Type ar print)	2b. HOUR
er deatl funeral 1 and er deatl	VIAA 111. SERRIN 3 3 69.	6 A M
s afte ages rs afte	Last birthday) Monites Toky	F UNDER 24 HRS. HOURS MIN
Page 1	70. BIRTHPLACE (Stote or foreign , 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIED 1. NEVER MARDIED 9. COUNTY OF DEATH	
hai in oh	76. CITIZEN OF WHAT COUNTRY? COUNTRY! NEVER MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pro George's County	
filled pape hin 77	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BU	Md.
be executed within 24 haurs after death and campletely filled in by the funeral e remove carban papers. Pages I and 2 in any event, within 77 hours after death	give street address) during most of working life, even if retired.) INDUSTRY	
ed wed carb	13a. USUAL RESIDENCE (Where deceased livéd, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	2
and camplett remove carl in any event,	washington D C YES NO 1 4312 10 st N E	
ind cam	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
	William Hetfield Rebecca Lummsd	en
ician lease and j	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address	
eath certificate be exe ending physician and control of the please remo ar removal, and in any	no Ray Domith 8500 Lavern Drive Hyattsv	
ne death cer attending p permit. The	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
eath endi mit. ar r	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) (Brefers Varcular Gen Leur (Stroke) 372	101
ath perr jan,	4369 DUE TO, OR AS A CONSEQUENCE OF	
the the matic	Canditions, if any, which gove rise to immediate cause (o). (b) Declarating a arterior clean in	
trar trar	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the death physician. signed by the attendin burial-transit permit. burial, crematian, ar re	lost. (c)	
OR ATTENDING PHYSICIAN: The law requires that the death certificate or retained by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending physician e.3 should be detached far use as the burial-transit permit. Then pleased with the State Dept. af Health priar ta burial, crematian, ar removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
law ndin beel s th	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT	LIEVING
he atternation	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIALY 21c. HOW INITIALY OCCUPRED. (Finter parties of initialy in Road Lee Bord 2 beau 18.)	ITTINO
IAN: The law re tall are aftered and ficate has been if far use as the left Health priar talk		
pital pital d fa af Ho	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Office of the rest of	
JING PHYSICIAN: The law reby the haspital ar attending frer this certificate has been be detached far use as the State Dept. af Health priar ta		State
this this deta	While Not while at wark of wark	
DING by the offer the be de State	220. I certify that (I) (this bospital) attended the deceased from 1/1/30, 1968, to 3/3 1969, that (I)) (we) last
END Bed S: A S: A	saw the deceased alive an	d from the
A ATTENIC retained ECTOR: A 3 should with the	22b. SIGNATURE 22c. DATE SIGNED /	
OR OR JEE	The cleverth. DEGREE PHYS. DIRECTOR DIR	9
AL Day by file	22d. PHYSICIAN'S P () 22e. ADDRESS ()	7110
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, cre	NAME (Type) K. C. KIRCHNER U.D. 6480 N.H. DOZ TAKOMA PARK.	md.
HO FUS FUS Foul	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
5 5 5 ×		Md.
VR Ats 00	24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.	E.E.
45M - 1/9	DATE	-14



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EVAMINED'S CEDTIFICATE OF DEATH	04434
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	
is ge to	George Robert Shea DEATH MATED \$\overline{\text{STI}} \overline{\text{CECTIVE}} 3-24-6	9 191:00pm
d 3 d 3 . Pc	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOU
ny deloy is 2, and 3 to PM3. Page partmen of	Male White 14 Sept 1905 63 YRS. 3" 24 6	9 19 3:28pm
n n Dep	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ges far ote	Country) West Va USA WIDOWED DIVORCED Prince George 1s 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b).	N
hours ofter deoth Item 18. Give Pages 1, Office along with farm 1 and 2 with the State De	give street address) during most of working life, even if retired.) INDL	KIND OF BUSINESS OR STRY GOV't.
on by h	Cheverly Prince George Hospital Moulder 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Gov't.
s ofte 18. Gi	omission Sale 13 County 13	tmost
hours Item 1 Office offer	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 horized him the ris offers offers offers	William Shea Betty	LUSI
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
d within 24 in gentil in Examiner's File pages 1 in 72 hours of	(Yes no, or unknown) (If yes give wer of dotes of service) 276 26 7111 Virginia E Shea E Riverdale,	Md.
ii. ii.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed and and and and and and and and and an	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of brain	
be executed "pending" in inef Medica E onsit permit. F event within	DUE TO, OR AS A CONSEQUENCE OF	
d be d "p Chie rons	Conditions, if ony, which gove rise to immediate couse (a).	
shauld be executer ne word "pending" o the Chief Medica buriol-tronsit permit. I in ony event withi	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate sha g the w ed to th s a buric	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shauld be executed withhis icote, writing the word "pending" in pentil be farwarded to the Chief Medical Examing be used as a buriol-transit permit. File pagor removal, and in any event within 72 harms.		
This certific ficote, writing be farward do be used on or removal,	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	2D. AUTOPSY?
this certificate, writing for a farwar be used to removal	WAS PERFORMED?	YES NO
<u></u>	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1	
INER: The certification of the	PRIMARY OR CONTRIBUTING 1:00pm 3-21- 19 69 Shot self at home	
MIN the tr fil r fil	Zitt Cockitoti Sitoti City Si 10 mil	ounty State
ICAL EXAMINER: e execute the certi for. Page 4 should ed for your files. CTOR: Page 3 shoul buriol, crematian,	at work At work Lat home same as #13	
AL I	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔼 , Inquiry 🔲 ,	and in my apinia
ITY SIC.	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
TY SICONO NO. 174 DIRECTOR OF THE CONTROL OF THE CO	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
Pri Pri	SIGNATURE	-25-69
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	~
the Hec	230 RIPIAI (REMATION 23h DATE 23c NAME OF CEMETERY OF COMMATORY 23d LOCATION (City of Town)	nty) (Stote)
	Burial Mar 28, 1969 Baltimore National Baltimore, Mo	.,
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL	ATURE
VR A15ME (1)	F. Gasch's Sons Hyattsville, Md.	Landyle

An History Hard And Hard Statement I

e,erae,

ep w

Cover III the in

. First Gills The Land Control of the Control of th

e Long Control

the contribution of a secretary of the latest the secretary of the secreta

ins to at my fore and

Sales and the

and a series of the series of

The state of the s

	04441		IVISION OF VITAL RE	CERTIFI	CATE OF DEA		L, MARITANU ZI		443	35
	DECEASED-NAME (Type ar print)	Samue.		dle	Shields		DATE OF DEATH March Month 2	9 Day 69	9 Yeor	2b. HOUR 10:20M
3.	Male		4. RACE Cauc.		S. DATE OF BIRTH	x86	6. AGE (In ye	drs IF UNI MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN
70	D. BIRTHPLACE (Stote or fountry) Pitts,	foreign 7b	CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED WIDOWES	NEVER MARRIED DIVORCED		INTY OF DEATH	Prince	Geor	ge's Md
10	CITY OR TOWN OF DEA	Lanha	give street address	tal or institution (if Ciprianc	Road du		JPATION (Kind of work	done 12b	. KIND OF E	BUSINESS OR Fact.
13	lmission) STATE	here deceased	lived, if institution: Residence 13b. COUNTY Prince George	e before 13c. CITY O	R TOWN 13d. INS	IDE CITY LIMITS?	13e. STREET AND NUM	BER Cipr	iano) XXXXX
14		David	Middle Shields	Last	is. Mother's maiden Un	NAME First known	Mi	ddle		Last
10	oa. WAS DECEASED EVER Yes, no, or unknawn)	IN U.S. ARMED (If yes give war or			amuel F.	Shie		dress 1) Sa	me a	as # 1
7		hich gave ause (a),	DUE TO, OR AS A CONSEQUENCE OF TO, OR TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS	JENCE OF CHICAGO	Land &	ASE OR CONDITIO	ON GIVEN IN PART I(a)		1 year	رس ن سرس
CEDTICICATION	19a. DATE OF OPERATION		IDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES	NO ⅓	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDE	ERED IN CE	RTIFYING
MEDICAL CE	OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH lical examiner)	21b. TIME OF INJURY HOUR A.M. Month Do P.M.	y Yeor	IOW INJURY OCCURRED	(Enter noture	af injury in Part 1 ar	Part 2, Item 1	8.)	1123
AM	21d. INJURY OCCURRI While Nat while at wark at wark	ED 21e PLA	CE OF INJURY (AT HOME, FARM OFFICE BUILDIN	, STREET, FACTORY.) 21f. L G, ETC.	OCATION Street or R.	F.D. No.	City ar Town	Cau	nty	Stote
	22a. I certify the sow the decauses state 22b. SIGNATURE	at (I) (this) ceased alive ed above, (I	e an 3 (ke) (did not) vi	deceased from	id that in (my) (3) deoth.	, 19, by opinion o	ta <i>marck 29</i> leath occurred on	the dote an		(I) (xxx) lost and fram the
	22d PHYSICIAN'S	Leon L	evitsky, M. I	DEG	11113.	DIRECTOR	land Ave.,	3-30-	-69	Md.
23	BURIAL, CREMATION,	23b. DAT	23c. 1	NAME OF CEMETERY OF		23d.	LOCATION (City or Town	n) (Cou	unty)	(Stote)
24	EMERAL DIRECTOR Simmons B	ros.		ADDRESS	Wash . 350.	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNA	TURE	

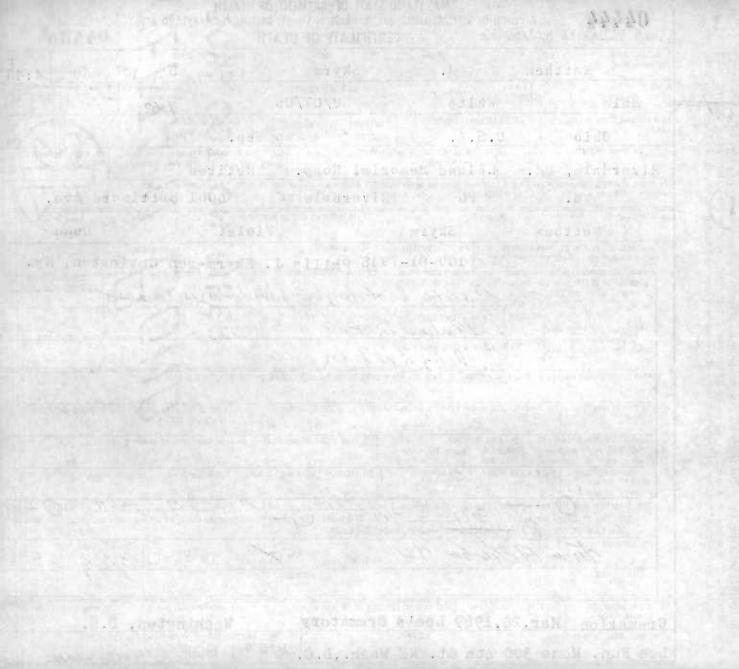
				1220
		obtains and		Fourtage Control
		SE-reserve	.auman	late
				e (
		ASSES TOOK ONLY		mayears Leabus
TAOX PEO	evenion coor.	stational	consortorie	100
			THE TAXABLE PARTY	Popular Commence
	Cas I said	Manager Chicago		^
		1		
		And the body of		
	ar construction	THE PERSON NAMED IN		MAKE A STATE OF THE STATE OF TH
			No the Contract of the Contrac	
) in star	

				or a standard of the standard
Branch - 1				
		. 184	office	To the state of
07:75	oil mon (T)			
	norther.			on experience
10	L. task			
Marries .	yes			ecilia mat
. May an Horaco	STATE OF THE STATE	et legel sir n		
	. hr "," a best on-in		. A moreston is	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04443 04437 CERTIFICATE OF DEATH death. death and neral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) d_NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? = d. STREET ADDRESS and in any event, within 72 NO X 3 NAME OF Middle DATE Day Year remave carbon DECEASED (Type or print) DEATH executed IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Manths "hday) Haurs DIVORCED WIDOWED and 10a. USUAL OCCUPATION (Give kind af work dane during mast of warking life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign Contry) requires that the death certificate be INDUSTRY COUNTRY attending physician sermit. Then please Touse 4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying cause the of Health prior to has been **PHYSICIAN:** The law os WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate by the hospital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) Haur 'a.m. factory, street, affice bldg., etc.) Nat While OR ATTENDING at wark at wark 1965 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from be retained director, page 3 shauld should be filed with the 19 69, and that death accurred at M. from causes and on the date stated above. sow the deceosed alive an 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) De Marya Cartilic Cemetera Washinglon 25b. RESISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR CARSUL ST NO

SAVAO

1		04444	DIVISION OF VITAL RECORD	S, 301 W. PRESTON				
			2/69 kk	CERTIFICATE O	F DEATH		0443	8
1 and 2 arr death.		ECEASED-NAME First Type or print) Matthe	Middle ⊋W J.	Skyrm		DATE OF DEATH Month 1	Day Year	2b. HOURF
	3. SI	Male	4. RACE White	S. DATE 0	7/06	6. AGE (In years last birthday)	IE UNDER 1 YEAR MONTHS DAYS S.	IF UNDER 24 HRS HOURS MIN
22	7a.	BIRTHPLACE (State ar fareign ntry) Ohio	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER WIDOWED D	MARRIED 9. COUI	NTY OF DEATH PG		Me
73		CITY OR TOWN OF DEATH Riverdale, Mc	d. Give street address) Mei	INSTITUTION (If not in hospit	nd 12a USUAL OCCU	PATION (Kind of work dan vorking life, even if retired.	e 12b. KIND OF I INDUSTRY	BUSINESS OR
any event,	13a. adm	USUAL RESIDENCE (Where decease issian) STATE M d .	ed lived, if institution: Residence before 13b. COUNTY PG	Riverdal	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 6001 Balti	more Av	е.
		FATHER'S NAME First Matthev		1s. MOTHER'S	S MAIDEN NAME First Viole1	Middle	Lug	Last G
	16a.	(If yes give wo				rm-son Cov	ington,	Ky.
directar, page 3 shauld be detached far use as the burial-transit permit. Then please's shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and i		PART I. DEATH WAS CAUSED IMMEDIA' Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	y ane cause per lipe far (a), (b), and BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) (c) DITIONS CONTRIBUTING TO DEATH BUT	of tengu of trition	L with me		BETWEEN ON	NSET AND GEATH
Health priar tal	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. A		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
State Dept. at near	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Manth Day Ye	21c. HOW INJURY	OCCURRED (Enter nature	af injury in Part 1 ar Part :	2, Item 18.)	
	ME	While Nat while at wark	PLACE OF INJURY (AT HOME, EARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION S		City or Town	County	State
		causes stated abave	(II) (we) (did) (did not) view th	e bady after death.	NDING MED.	STAFF 22	c. DATE SIGNED	69
1		22d. PHYSICIAN'S NAME (Type)			ADDRESS		///	
213	6		r.20,1969 Lee'		y W	ashington,		(State)
15 (4)		FUNERAL DIRECTOR ee Fun. Home	300 4th St. N		2Sa. REC'D BY REGIST DAMAR 2 4		r's signature	



MAKILAND STATE DEPARTMENT OF HEALTH

			12:30
Mose hand it down - 1	duith, Ir.	30 30 30	1.con'u
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	at Monail	W. W.	ata)
trium (Sore)		SOFT THE PARTY OF	
as in		r'secola conictis	Algerral
.AS Josephone and an early w	casdimit	01000.00	04
200		drima .si	
educations seem to the corp.	*8 eelises		0.6
10 - March 18 1.69	FICT PRINCE	6 1018	
3/15/69			
onedial.	D. Vopos	.W ,0002-08 ,E	(30.0)
. Moora Campaneta La	. eo r. Co	i	3/21
	0.011	. Or collect warm	U .semm sidesi-

	04446	DIVISION OF	F VITAL RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE		201 044	40
	1. DECEASED-NAME (Type or print)	First Lurline	Middle A •	Smith	20. [DATE OF DEATH Month March	21 1969	2b. HOUR 1:30PM
	Female	4. RACE	C White	S. DATE OF BIRT 7/23/		6. AGE (In yellost birthdoy	y) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	7a. BIRTHPLACE (State or country) N. C.	U.S.A.		8. MARRIED NEVER MARRI WIDOWED NOVER DIVORCE	[U]	NTY OF DEATH	ges	Md
1	O. CITY OR TOWN DE DEA	give	Greet oddress Dale		during most of w	JPATION (Kind of work working life, even if re retire	done 12b. KIND OF INDUSTRY	BUSINESS OR
	odmission) TALEM	here deceosed lives, if institu D, COUNTY	rtion: Residence before		S. INSIDE CITY LIMITS?	13e. STREET AND NUM 617 Mell	on St., S.	E.
	Ar	thur B.	Allen	15. MOTHER'S MAID	EN NAME First Lillie		ddle Perry	Lost
	160. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED FORCES? (If yes give wor or dates of service)	16b. SOCIAL SECURITY I	10. 17. INFORMANT Deceden	t, EDWAR	DJ. SMITH &	2,02 Beach V	JIEW DR BEACH, FLA
	14'300 0433330	rouse (o), our fing couse (o), or (c) Mg IFICANT CONDITIONS CONTRIBUTIONS (C) Mg IFICANT CONDITIONS CONTRIBUTIONS (C) Mg	UTING TO DEATH BUT NO	right neck, po	isease or conditionailing;	on GIVEN IN PART 1(o) cholecys 20b. IF YES, WERE FINI	Intertroc	nanteric emote
	190. DATE OF OPERATION 210. ACCIDENT WAS 310. GONTREBUTING (If either, notify many)	CAUSE OF DEATH HOUR A.M.	OF INJURY Month Doy Yeor	YES 121c. HOW INJURY OCCUR	RED (Enter noture	of injury in Port 1 or	Port 2, Item 18.)	
	While Not while at work	ED 21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street of		City or Town	County	State
	22a. I certify th saw the de causes stot	ot the (this hospital) att ceased alive aned obave (we) (did)	tended the decease 3/21/1	d from 1/29/ 9.69, and that in (%) pady after death.	, 19 69 , 10 (our) opinion d	eath occurred on t	the dote ond hour	*() (we) last ond from the
	22b. SIGNATURE	Wire or	ren	DEGREE ATTENDING PHYS.	MED. DIRECTOR		22c. DATE SIGNED 3/21/19	69
	22d. PHYSICIAN'S NAME (Type)	Moe Weiss, M	. D.	22e. ADDRES	Glenn Da Glenn Da	ale Hospit ale, Maryl	al and	
	30. BURIAL, CREMATION, REMOVAL SOCIETY 24. FUNERAL DIRECTOR	23b. DATE 3-26-191	23c. NAME OF CHARLING		AT	LD CATION (City or Town	VIRGINI	(State)
		MBERS (6.	RIVERDA	^/-	REC'D BY REGIST		STRAR'S SIGNATURE	12

# March 21 1949 1:30	11-12		on lit	7.11.1
107/12/01	VE A	Salen -		Female
Prince Coorses	20 /		.A.J.U	.5 .11
dovina - mesadan	4.75	al dis	(a)	lonn Dalo
c. x struction st., t. s.	. 3			2 a 1880/5
Intilia Petri		nally.	.6	m: 10 = A
The same of the second second	1001	237-22-582		on
		7.0021864	C.C. and	Industrial
7137 00 VS	1 08	, i o		
Glenn Dole Woseltel Glenn Dole Woseltel				
e to g	. , . "		·	

1 1			22a Film				PARTMENT OF ON STREET, BAL		ARYI AN	D 21201				
FOR STATE		ຄ	1.7.7				CERTIFICATE					04	441	
HEALTH DEPT.		CEASED-NAME	First	MEDIC	Mid		Last	OI DEA		DATE KNO	WN M	onth Doy	Year	2b. HOUR
s o a	(1	ype or Print)	Mac		Н		Snelli	nos	1 3 3 3	OF EST	TI- 🗀 _	3-69	19 7	
deloy ond 3 M3. Pag 1mm	3. SE	X	4. RACE	S. DATE OF BIE		6. AGE (In ye	IF UNDER 1 YEAR	IF UNDER 24 I	HRS 2c.	DATE PRON	OUNCED DE	AD	-	2d. HOUR
ny delc 2, ond PM3. 1	I	Male	White	4-15-19	909	last birthday	/RS. DAYS	HOURS	MIN.	Month	3 Day	69	19 7:1	4am M
any 2, 2, P	7o. B	IRTHPLACE (State	or foreign 7	b. CITIZEN OF WH		8.	MARRIED NEVER M.	ARRIED 9	. COUNTY	OF DEATH				
es l form te D	Give street oddress) Cheverly Give street oddress) Prince George Hospital during most of working life, eyen if retired INDU										15		Mo	
ofter deoth any 8. Give Poges 1, 2, o olang with farm PM virth the Stote Depart											ione 12b. KI	IND OF BUSI	NESS OR	
the the											Railr	Iroad		
s ofter 18. Give olang virth to	13o.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER												
	이 회사에게 되었다면 되었다. 나는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은													
24 hours in Item 18 r's office of safter of													Lost	
hin 24 ncil in l niner's poget l hours	160 V		M. Sne I		TIGH COCIAL CO	CUDITY NO	17. INFORMANT	ry Arms	tron		ADDDCCC			
within 24 pencil in xaminer's ile poget 72 hours		s, no, ar unknaw		var or dates of service)	100. SUCIAL SE	3								
be executed wit "pending" in per iief Medical Exan insit permit. File event within 72					(-) (-)		DOLUCKY 2	MIIII JHE	TITIN	50	ame a		APPROXIMATE	INTERVAL
"pending" in "pending" in inef Medical E insit permit. E event within			DEATH (Enter only EATH WAS CAUSED				n and exp	ASIINA	+0.0	616		В	SETWEEN ONSET	AND DEATH
be executer "pending" ief Medical nsit permit.		203 9	MMEDIAT		AS A CONSEQU		and ext	Pagare	00 0	olu			4	
per per ief / ief / ief /			ny, which gove	(b)	AS A CONSEGO	CIVEE OF								
ould to		rise to immedi	ate cause (a), (AS A CONSEQU	IENCE OF								
should be e ne word "per to the Chief I burial-transit I in ony even		last.)	(c)										
s certificate should be executed within 24 hours e, writing the word "pending" in pencil in Item I forwarded to the Chief Medical Examiner's Office used as a burial-transit permit. File pages I and emoval, and in any event within 72 hours after.		PART 2. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH	BUT NOT RELAT	ED TO THE TERMINAL	DISEASE OR CON	NDITION GI	VEN IN PAR	RT 1(o)			
te, writing the forworded to forworded to be used as a breenoval, and	N													
certification or writing or work used moval	CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITIO WAS PER	N FOR WHICH	OPERATION					2	20. AUTOPSY	
	RTIFI	G1 CVTCDUM C	ALICE MILE	lau ritte ac			To: wow with a						YES T	NO 🗌
INER: Thi e certificat should be files. 3 should be	AL CE	21a. EXTERNAL C PRIMARY OR	AUSE WAS CONTRIBUTING		INJURY Month, M.		21c. HOW INJURY O	OCCURRED (Enter	r noture at	injury in P	Part 1 ar Po	rt 2, Item 18.)	-	
KAMINER: te the certified to the certifi	MEDICAL	CAUSE OF DEATH	1	P. LACE OF INJURY (19	21f. LOCATION Stree	A a a D C D Na	1240	City or To		Cour	ntu	Caman
		WHILE NO		tory, affice building		street,	ZII. LOCATION STEE	n or K.P.D. No.		City of 10	wn	Cour	ПΥ	Stote
bical Examiner: lease execute the certificator. Page 4 should director. Page 4 should take the control of the certification of the control of the certification of the certifi	3			-ll f.	L	1 d b.		্ৰিল	1	ं जिल्	1		. 1 %	
ICAL E executor. Po ed for CTOR: I buriol,	13		cerrity that I to sulted from:	Notural sau		ccident	ove, held on Aut	opsy [조],	-	tion X,	inquir nined moi	,	ond in my	opinion
please explease explease. I director. retoined. DIRECTO or to but		deom les	surred from:	Notolula	ses A.	L. Craeli	,		,	Duderein	iiiiea iiioi	mer		
Try, ple rad dispersion prior		ACTUAL	/	Loto.	110	KA	//	HEF MEDICAL EX SSISTANT MEDICA			22b.	DATE SIGNED	,	
ory, nerg be be pri	1	SIGNATURE EXAMINER'S	John K	ehoe MD	Rive	rdale,		PUTY MEDICAL E				3-3-		
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Poge 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type)		21.00	72.10	,		DDRESS(Street, ci		-	STAN			
To To F	23a.	BURIAL, CREMAT	ION, / 23b.	DATE	23c. N	AME OF CEMET	ERY OR CREMATORY	730 7	23d. 100	ATION (City	r ar Town)	(Count		tote)
	Bı	REMOVAL (Speci	3-	6-69	Ce	dar Hi	11 Cemete:	ry				ce Geo		Md.
Λ.			Robert		elm Fur	etats H	ome	2So. REC'D B		AR	2Sb. REGIST	PAR'S SIGNATI	URDeed	el.
VR A15ME (5) 10M REV. 1/68		4308 Su	itland R	Road, Su	itland,	Maryl	and	DATE MAF	R 10	1969	1	7700	0	

Server and Library and the server and the control of the server and the server an

pros3ans, with:

on the Taking Southern Saffrond

Porochy and and illess that a thought

4309 miriand Load, miriand, daryland HARIO 1968 Francisco

the second secon

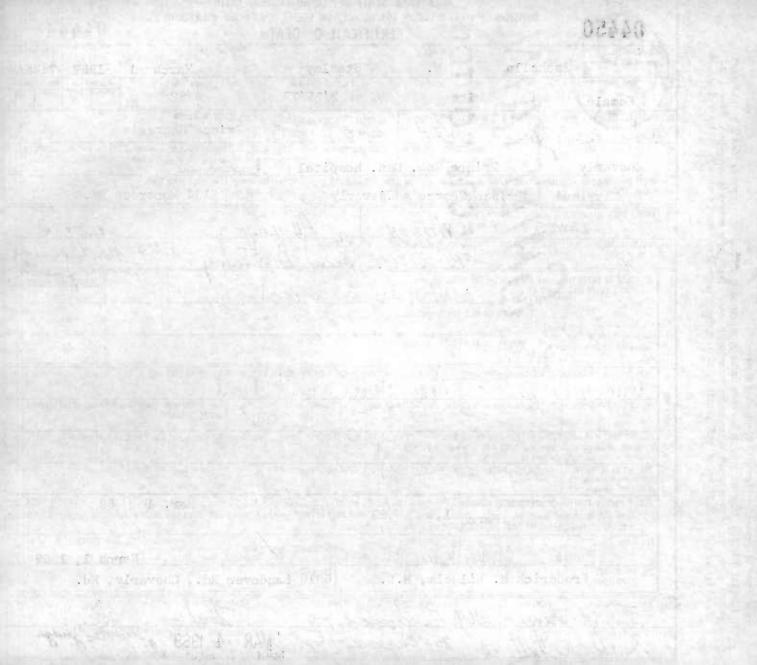
Surial 3-5-69 Cedar Hill Controry

saniliane de deput

	MARYLAND STATE DEPARTMENT OF HEALTH	
	04448 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04442
T. 1.	DECEASED-NAME First Middle Last 2n DATE KNOWN And Month	Day Year 2b. HOUR
	(Type or Print) OF ESTI- OF STOWN DEATH MATED ☐ 3-17	
3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
	last birthday) MONTHS DAYS HOURS MIN. Manth Day	69 ear 19 9: BOam
	Aale Negro 12-16-1914 54 YRS. 3 17 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	69 14 9:BUalmin
	mtry) Md 4.5.14. WIDOWED DIVORCED Prince George's	M
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street oddress) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
17 13	Cheverly Prince George Hospital A Bouca I SUBJECT LIMITES 13e. STREET AND NUMBER	
6	admission) STATE 17th COUNTY	and Road
-	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	lost
1	N.11 6 . A. T. M.	COST
16	WORLE DECEASED EVER IN U.S. ARMED FORCES? 16b. SDCIAL SECURITY ND. 17. INFORMANT ADDRESS	
	Yes, no, or unknown) (If yes give vygror dates of service) Mas Blanche Wyanen Glen J	Pala Kld
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	DADT I DEATH WAS CALISED OV.	BETWEEN ONSET AND DEATH
	965 X IMMEDIATE CAUSE (a) Gun shot wound of abdomen Pue TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove	
	rise to immediate cause (a), (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
1	(c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
TIFIC	3-16-69 WAS PERFORMED? Gun shot wound of abdomen	YES NO X
	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	
MEDICAL	PRIMARY A OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 5:00 DRM. 2-16- 19 69 Shot during altercation	
MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	- County Stote
	WHILE AT WORK AT WORK AT WORK Box 275. Brookland Road Glen Dale. Prince George County	
	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry	
	death resulted fram: Natural cooses , Accident Suicide , Hamicide , Undetermined manner	
	ACTUAL CHIEF MEDICAL EXAMINER COLOREST	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220, DATE:	
	EXAMINER'S DEPUTY MEDICAL EXAMINER 3-1	8-69
-	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
1	a. BURTAL CREMATION, 236. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
2.	FUNERAL DIRECTOR 13 Washington ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
	4925 DEANE AVE N.E. WASh. DC DATEMAR 24 1869 JOHN	les Judge :
-		

THE STREET STREET, THE PROPERTY OF STREET, STR A 3 8 40 MAKTLAND STATE DEPAKTMENT OF HEALTH

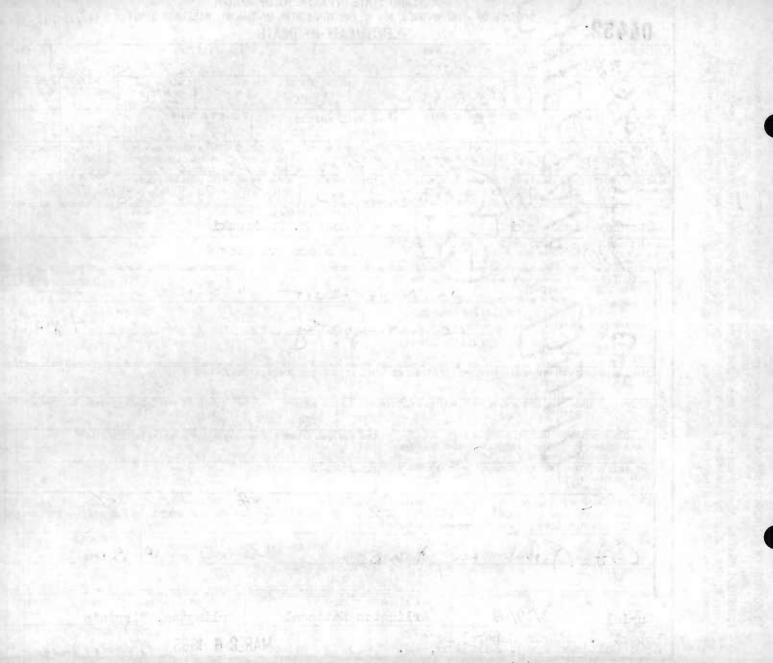
ic ...c. The second of th the scanton and the state of th figure value of The state of the second st . . 1 The state of the contract of the state of th A CONTRACT OF A Mary at a top and a



	MARYLAND STATE DEPARTMENT OF HEALTH								
*		04451	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.1.					
			CERTIFICATE OF DEATH	04445					
# = = = =		ECEASED-NAME First Type or print) 11	Middle Last 2a. DATE OF DEATH	Year 2b. HOUR					
		tten	ciella L. Stuar March la	1968 2 AM					
# 12 a	3. S	X		UNDER I YEAR IF UNDER 24 HRS.					
rs o Pogo Jirs o	_	+	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ing Data Hours min					
hours after in by the fe ers. Poge	70. cau	BIRTHPLACE (Stote or foreign 78	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
ed i	10	Wash, UC	US WIDOWED DIVORCED Trince Georg	e Md.					
physician and completely filled in the please remove carbon papers.	1	TATSVILLE	give street address)	2b. KIND OF BUSINESS OR INDUSTRY					
ed very carl	13a.	USUAL RESIDENCE (Where deceased	lived, if institution! Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER						
He 8 e	dan	ission) STATE D C	186. COUNTY O.C. YES NO 3807 W. St	SE					
and the same of th	14.	FATHER'S NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last					
A 10 7 5		Georg	e deidy Lysille Bu	ichlia)					
that the death certificate be exection. by the attending physiciún and contronsit permit. Then please, remore cremation, or removal, and in any		es, na, ar unknown) (If yes give war	FORCES? 16B. SOCIAL SECURITY NO. 17. INFORMANT Address	0 - 0 - 11					
phys		es, iid, di olikilowii)	578-05-5343-0 Versee 1 Keil 1908-23~	Ista Elias					
ot the deoth cei the attending p ssit permit. The mation, or remo		1B. CAUSE OF DEATH (Enter only	one cause per line for (g), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF					
a deoth attendi permit.	1	PART I. DEATH WAS CAUSED B		134an.					
aff perrion,		1830	DUE TO, OR AS A CONSEQUENCE OF	1					
the the mati		Canditions, if any, which gove) rise to immediate couse (a),	(b) la of Overy	506. Apr					
on. on. by tron		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1					
quires thot the physicion. signed by the buriol-tronsit buriol, cremat		last.	(c)						
sig bun bur		PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)						
ding ding een the or to	NO								
os b as pric	SI	19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING					
The art the hose of the party o	CERTIFICATION	21o. ACCIDENT WAS UNDERLYING	TES NO						
al o ficot for He		OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	1B.)					
Sprit sprit serfined ned t. of	MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PL	to the same of the						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fadirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the place of		While Nat while at work	COTTICE BUILDING, ETC.	ounty State					
by Affer Stat		22a. I certify that (I) (this	hospital) attended the deceased fram \$-3-, 1964, to 3-/6, 1964 e on 3-/3- 1969, and that in (my) (our) opinion deoth accurred on the dote of	2, that (1) (we) lost					
R. / Rel		saw the deceased alive	(1) (we) (did) (did not) view the body after death.	and hour and from the					
Sho CT Ship Ship Ship Ship Ship Ship Ship Ship		22b. SIGNATURE	22c DATE	SIGNED					
OR De r		A. S. 6.	DEGREE PHYS. ATTENDING MED. STAFF PHYS.	1/17/29					
AL D		22d. PHYSICIAN'S	22e. ADDRESS	1 101					
HOSPITAL OR ATTENDING age 4 moy be retained by 1 FUNERAL DIRECTOR: After irector, page 3 should be 6 hould be filed with the State		NAME (Type)	WILLIAMS 35 NEW YORK IS	ITE NW.					
HO UI	23a.	BURIAL, CREMATION, 23b. DAT		aunty) (State)					
5 5 5 p	1		-1969 Slemwood Wash, D.C.						
VR A15 (4)	24	EUNERAL DIRECTOR	ADDRESS Washing 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	IATURE					
45M - 1/69	K	1/1/1// Julle	1969 131-11 16 18 5 DATMAR 20 1969 Millionia	Judge.					

	1340				Service Servic
14.			AND THE REAL PROPERTY.		
		Carrier many			
			01	41.	
		A ME PER NO			

1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04446								
)4452	CER	TIFICATE OF DEA	ATH					
		ASED-NAME First e or print #FRESA	MARIE	SUIDNITEK	2a. DATE OF	Month Doy	Yeor 1969	2b. HOUR 7 A M		
	3. SI	F 4. RACE	1/	5. DATE OF BIRTH	1925	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS.		
861	70.	THPLACE (Stote or foreign 7b. CITIZEN OF WI		ARRIED NEVER MARRIED DOWED DIVORCED	- 4//	DEATH GO	PORGES	→ Md.		
X	10.0	Y OR TOWN OF DEATH OF DEATH Give	AME OF HOSPITAL OR INSTITUT	10N (If not in haspital 12	a. USUAL OCCUPATION uring most of working		12b. KIND OF BUINDUSTRY	SINESS OR		
1		SUAL RESIDENCE (Where deceased lived, if institution) STATE 13K, COUNTY	ian: Residence before 13c	1 -	NO NO 13e. STI	REET AND NUMBER	R 5T.			
7		HERS NAME First Middle tanley Wisniewski	Last	Rose M. F		Middle		Lost		
	160	AS DECEASED EVER IN U.S. ARMED FORCES? , no, or upknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	Theodore S	viontek	Address				
		8. CAUSE OF DEATH (Enter anly one cause per li	ne for (o), (b), and (c),)				APPROXIMAT BETWEEN ONSE			
		PART 1. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) DUE TO, OR A onditions, if ony, which gave)	Cardio AS A CONSEQUENCE OF CARDIO	e alrest			44	ro		
		ost. (c)	S A CONSEQUENCE OF	000			0			
	2	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBU</u>	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN	N IN PART 1(a)				
1	CERTIFICATION	90. DATE OF OPERATION 196. CONDITION FOR WH	ICH OPERATION WAS PERFOR	MED 20a. AUTOPSY?		YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CERT	TIFYING		
	MEDICAL CER	To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If either, natify medical examiner) AMDIT OF THE OF T	FINJURY Manth Day Year 19	21c. HOW INJURY OCCURRED	Enter nature af injui	ry in Part 1 or Part 2, 1	tem 18.)			
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY While at wark	(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street ar R	.F.D. Na. City	or Tawn	Caunty	State		
		2a. I certify that (I) (this hospital) att saw the deceased alive on Mula causes stated above, (I) (we) (did)	ended the deceased f	om	, 19 /4 _, ta_ ur) opinion deoth (occurred on the do	te ond hour an) (we) last od from the		
/		2d. PHYSICIAN'S NAME (Type)	in Jo m	DEGREE ATTENDING PHYS. [22e. ADDRESS	MED. DIRECTOR	STAFF PHYS. 22c. 1	There			
	230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 3/19/69		TERY OR CREMATORY ton National		ON (Gity or Town) gton, Virg	(County) ว่าว่อ	(State)		
8	24	WERN DIRECTOR Wilhelm Funer 808 Suitland Road, Sui			REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	Call Man garage		



L	44400		ERTIFICATE OF DEATH		04447
	ECEASED-NAME First Type or print) Ad	Middle rian P	Lost Swann	20. DATE OF DEATH Month Doy March 24, 19	26. HOUR P
3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years If	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male	White	Feb 27th 1		DNTHS DAYS HOURS MIN
7o.	BIRTHPLACE (Stote or foreign intry)Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's	Md.
0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress) Prince Geo.	Seneral dwitte	AL OCCUPATION (Kind of work done out of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o.	USUAL RESIDENCE (Where deceonission) STATE Marylan	used lived, if institution: Residence before 13b. COUNTY d Prince George's	13c. CITY OR TOWN 13d. INSIDE CITY L		nue
14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME I		Lost
	Edward	H Swann	Laura		rich
160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war ar dates of service) 16b. SOCIAL SECURITY N	O. 17 INFORMANT Ethel Windso	3706 - Address Ro r Annandale, V	
NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NO		emorrhage	
CERTIFICATION		. CONDITION FOR WHICH OPERATION WAS PER	YES X NO		
MEDICAL CE	210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	HOUR A.M. Month Doy Yeor iner) P.M. 19		r noture of injury in Port 1 or Port 2, Item	m 18.)
M	at work ot work	. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County Stote
	22a. I certify that (I) (the saw the deceased a causes stated above 22b. SIGNATURE	nis hospital) attended the decease alive an 3 - 17 to 18 e, (1) (we) (did nat) view the b	oady after death.	inian death accurred an the date AED. STAFF 22c. DAT JRECTOR PHYS. 3-2	9 , that (I) (we) last and haur and fram the
		N/ () / (A) / (-		IRECTOR L PHYS	
230	22d. PHYSICIAN'S NAME (Type) C S A	HAKIAN/ DATE 28-1969 Fort	DEGREE PHYS. 22e. ADDRESS COO! CO	audora Rol. C	Cliever S (C) (Store)

Mark Danier Dani

anness vent works and selection of enumerical and engineers are given by

round leasurment disoxularaigning benurus:
Window Wile trop indeedda a

0 0000 1 2000 1 keep - A-K

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04448 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH_DEPT. 1 DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-19.0:02amM John DEATH MATED 3-7-69 Thomas Sweeney 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR ast birthday) HOURS 19 10:02am Male White 1-19-1918 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH country) Wash. D.C. U.S.A. WIDOWED [DIVORCED [Prince George's Give Poges poges I and 2 with the Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 4 should be forwarded to the Chief Medical Examiner's Office along with give street address) during most of warking life, even if retired.) INDUSTRY Prince George Hospital Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER death George's Suitland YES NO 4232 Suitland Road in Item 1 ofter 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Middle Eva Marmaduke John T. hours Sweenev 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** be executed within (Yes, na, ar unknawn) 10 001# Anne K. Sweeney Same as 13 abcde APPROXIMATE INTERVAL .= within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (a) Heart failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease event unknown buriol-transit Canditians, if any, which gave rise ta immediate cause (a). writing the word ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . 4 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Diabetes - over 6 months CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO X YES T 3 should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. PRIMARY OR CONTRIBUTING buriol, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: Poge 22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection K Inquiry [and in my apinian Suicide [death resulted fram: Natural Zauses Acadent Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy TO FUNE Heolth **EXAMINER'S** Riverdale. Md. NAME (Type) ADDRESS(Street, city, town, or county) John Kehoe MD 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR) (County) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

11:55

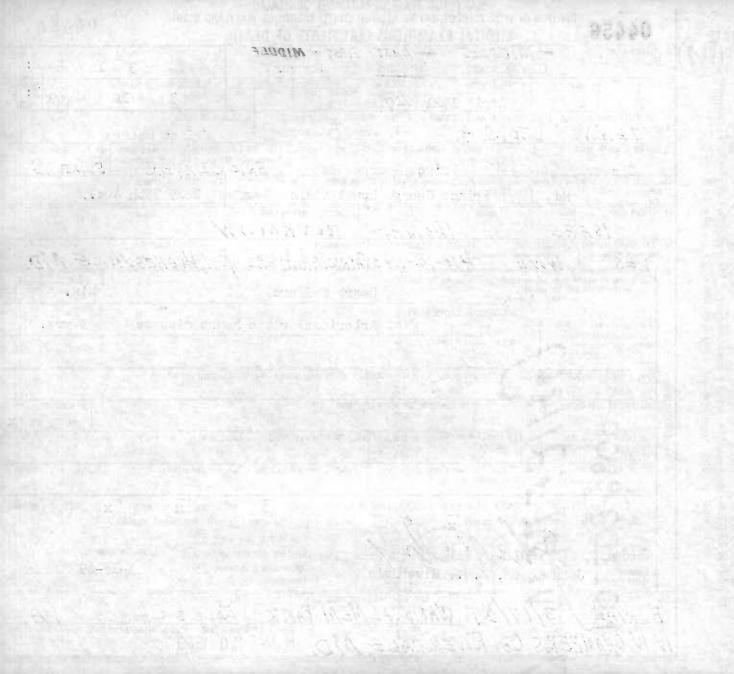
please a constant property and the property Colors and Carlotte States at the second the composition of the property of the first section of the first sectio

MARYLAND STATE DEPARTMENT OF HEALTH

THE RESERVE OF THE PARTY OF THE Com Links Jones Law The same! e to the total and the total a

the district and the little will be the second of the seco

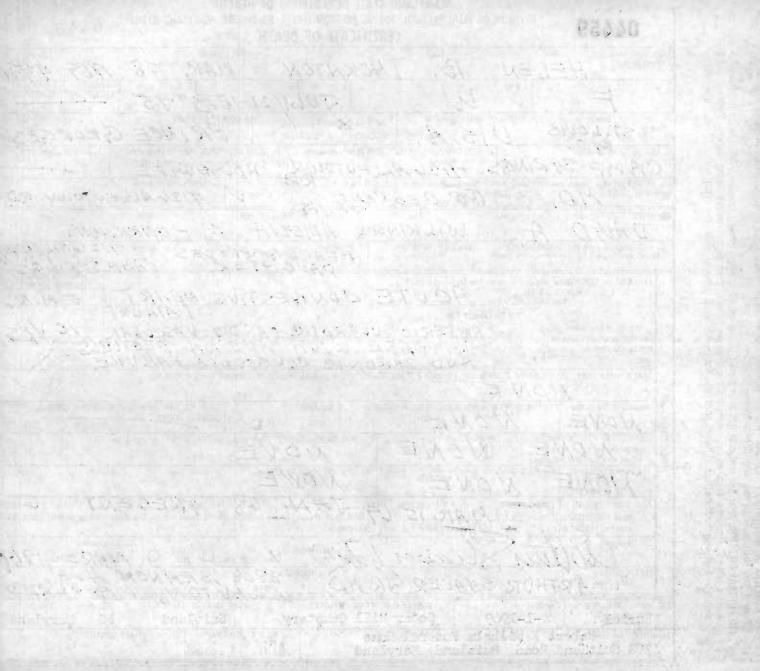
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04450 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle LAST HEALTH DEP DECEASED-NAME SHOT (VIIDDLE FIRST best & 20. DATE KNOWN Month (Type or Print) ESTIny delay is 2, ond 3 to Cleveland Thomas 169 PM3. Poge Grover DEATH MATED ment 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF HINDER 24 HRS 2c DATE PRONOLINCED OFAD Yeor 1069 Ooy 7 /. 30 April 1921 with the State Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [OIVORCED [Prince George in Item, 18. Give Pages 10. CITY OR TOWN OF GEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KINO OF BUSINESS OR during most of working life, even if setired.) Cheverly Prince George Hosp 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTE rince George HuattsvilleyES NOX 75th Ave. hours ofter 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle UNKNOW 24 hours be executed within pencil 17. INFORMANT **ADDRESS** (Yes, na, or unknown) 410-12-1193 PATRICIAR CHESVILL File APPROXIMATE INTERVA within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Heart failure IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Canditians, if any, which gave 3 yrs. rise to immediate cause (a), This certificate should writing the word OUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO TX 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURREO (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 2)e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.O. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection 3 Inquiry 1 ond in my opinion deoth resulted fram: Notwell causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S O FUNE Health Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county) NAME (Type) the 23a. BURIAL, CREMATION 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn (County) 2Sq. REC'D BY REGISTRAR CHAMBERS CO. KIVERDALE, VR A15ME (5) 10M REV. 1/68

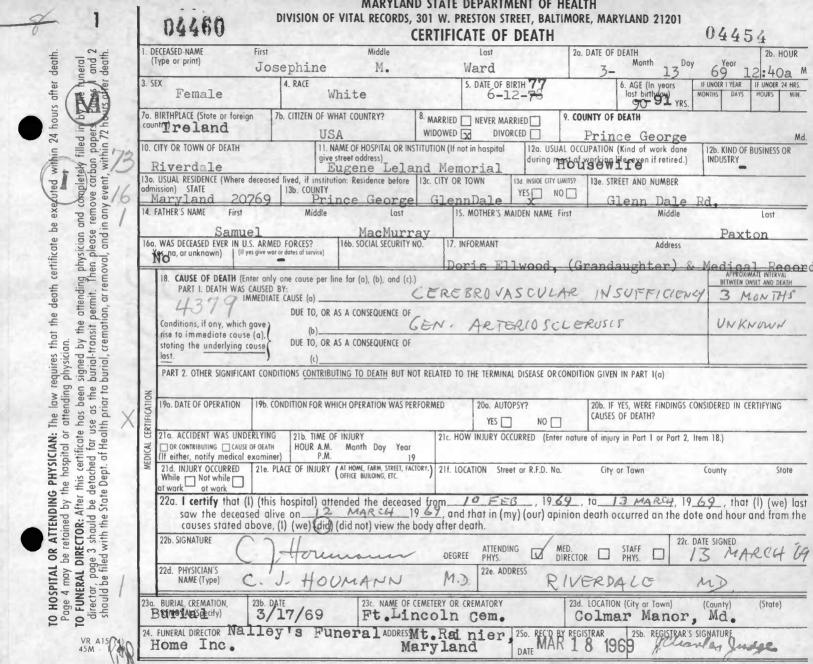


			2.3 A 4 3
e-e	HO =	estit .	140 114
			intel [®]
vanco elemento comita			
to the seven entire	e engres) sec	ag ling ignored	viraverity and
tolk fosiates Canac		nel somis del	Ann. Legist
non-e-t-	#100 P	Amazana di	9.000
Campaga (Series Sinta di abay	. 10-13-10-00-1-17	25-15-078	
nconverse in	o Parumonia,		
CAMING THE PROPERTY OF THE PRO			
Carriera I Torres auces Li 120 a		. D.H , subD	marall - new t
		pilate 0	
	. 124		a'dsan acmm

- 1	1	04458	DIVISION OF VITAL RECORDS,		ESTON STREET, BALTI		ND 21201	044	452
		eml FilmG411 4			ATE OF DEATH				
death.		PECEASED-NAME (Type or print) Billie	L WEIR THOMPSON, JE	₹	Last	2a. DATE OF DEATH Mar CH 25, Doyl 969 Pear 605 P			
the furnisher safter	3. 5	MALE	4. RACE CAUCAS IAN			16	GE (In years pirthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
4 hours aff		BIRTHPLACE (State or foreign pontry) TEXAS	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X	I MEACK WINKKIED	9. COUNTY OF DEA RINCE GEO		UNTY,	Mo
within glass filled ban page within		CITY OR TOWN OF DEATH	E BASE MALECOLIMS GROV	STITUTION (If not	in haspital 12a. USUAI HOSPITA during TAP	L OCCUPATION (Kind	d af work dane even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
xecuted with completely nave carban ny event, with	13a adr	. USUAL RESIDENCE (Where decemnission) STATE MD	psed lived, if institution: Residence before PR FNSE GEORGES	SUITLA	ND 13d. INSIDE CITY LIM		AND NUMBER RO	AD	
be execute and comp remove in any eve	14.	FATHER'S NAME First BILL WEIR THO	· Middle Last		MOTHER'S MAIDEN NAME FIN	PO I ND EX T	ER Middle		Last
ificate lysician	16	O. WAS DECEASED EVER IN U.S. AF Yes Yr (If yes give	RMED FORCES? 16b. SOCIAL SECURITY 467–07–82		JAMES FRIMM	EL 5217 1	2th St,	No, Ar	lingtor
PHYSICIAN: The law requires that the death certificate be executed within the haspital or attending physician. The certificate has been signed by the attending physician and completely fill bit certificate has been signed by the attending physician and completely fill betached for use as the burial-transit permit. Then please remave carban poper at Health priar to burial, crematian, or remaval, and in any event, within		PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	alin hogen	Solleed Gerial, & de THE TERMINAL DISEASE OR CO	ondition given in	PART I(a)	APPROXII BETWEEN O	MATE INTERVAL MISET AND GEATH MISET AND GEATH
IAN: The law requires the fall or attending physician. Ificate has been signed by far use as the burial-trail. Health prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b	o. CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, CAUSES OF	WERE FINDINGS (DEATH?	CONSIDERED IN C	ERTIFYING
YSICIAN: T aspital or certificate I hed for us	MEDICAL CERT		ATH HOUR A.M. Month Doy Yeor		W INJURY OCCURRED (Enter	nature af injury in	Part 1 or Port 2,	Item 18.)	
PHYSICIA he haspital this certifica letached fo	WE	While Not while at wark	B. PLACE OF INJURY (AT HOME, FARM, STREET, FA. OFFICE BUILDING, ETC.		ATION Street ar R.F.D. No.			Caunty	State
OR ATTENDING PHY be retained by the h DIRECTOR: After this ge 3 shauld be detac lled with the State Dep		22a. I certify that (I) (t	his hospitol) ottended the deceos olive on 25 have leaves ve, (I) (we) (did) (did not) view the	19 69. ond	that in (my) (our) onin	7, to 2 nion deoth occu	rred on the d	69, that ote and hour	(1) (we) los ond from th
may be retained RAL DIRECTOR: A r, page 3 should be filed with the		22b. SIGNAFOR	Many	DEGRE			AFF D 2	DATE SIGNED	169
TAI AL Pod fine		22d. PHYSICIAN'S NAME (Type) JAMES			MALCOLM GR				
TO HOSPI Page 4 r TO FUNER director, should b		REMOVAL(Specify)	1 1.	cemetery or congression Na		23d. LOCATION (C	on. Vira	(County)	(Stote)
VR A15 (4) 30M REV, 1/68	-	Robert E. Will 4308 Suitland	helm Funeral Home Rd., S.E., Suitlan	id. Md.	25a. REC'D BY	2 1969	25b. REGISTRAR	Can Jack	de

The Control of the Co





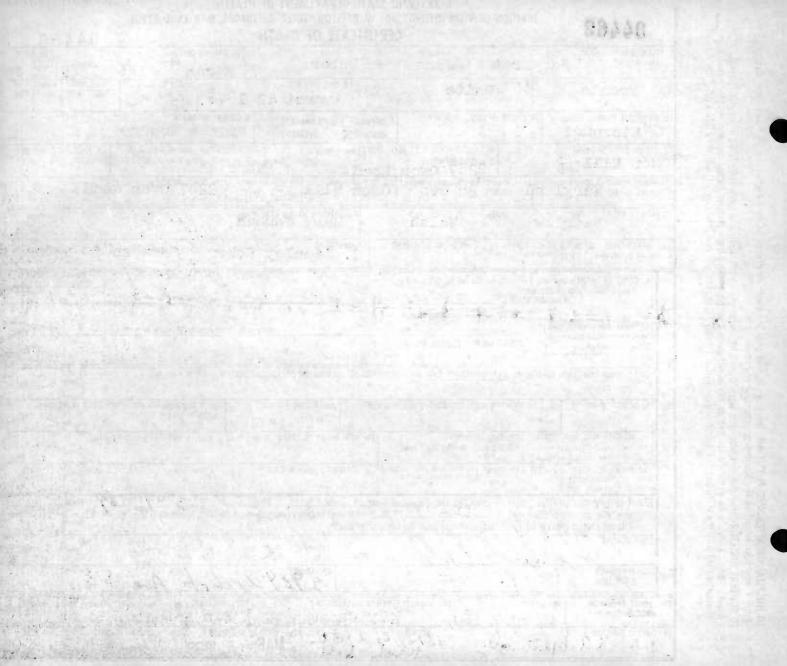
A thou we have a sure in the construction of the comment of the co rmen nicenia di Wayrika minimur tolers Monday, Md. ANTO ME, JEST INTORNET BY MALICH, was trans -001 6E0H

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04455 Itemll FilmGulo 3/14/69 kk CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. i ond (Type or print) after 3. SEX 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) AUGUSTA DAYS HOURS 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Georges sician and campleter filled in please remave carban papers DIVORCED WIDOWED M Within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address during most of working life evenif retired.) INDUSTRY TOME burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed GLEN BALE YES 😿 NO DAISY LANE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First Lost Last MO.M physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address BRO-IN-LAW Yes, no or unknown) (If yes give war or dates of service) -3900 AURENOE MR. NICHOLSON APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET, AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE be retained by the haspital or attending physician. stoting the underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be detached far use as the State Dept. af Health prior ta TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO V YES 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port) or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 3 169 and that in (my) (our) opinian death occurred an the date and haur and fram the __19 shauld director, page 3 shauld shauld be filed with the view the bady after death. causes stated above, (1) (and (did) (did) 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) T.TNCOT.N FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1700-N.STREET, N.W.W HYSONG'S FUNERAL HONE Thomas Judge 1969 30M REV.

MEG COPINE LIKES Tours la l'Atte A Janes DUAL! Executive of Knowlawin Right les Phlehities 10 E | E | 30 Val Kuntons RES glam Elle Ind

0	4462	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							56
1. DECEASED (Type or		rgaret	Middle Jane	We	lost eber	20. DATE OF	Month Do		2b. HOUR
3. SEX	'emale	4. RACE	hite		DATE OF BIRTH August 11	1876	6. AGE (In years last birthday) 92 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPL country)	ACE (State ar foreign ISSOUPI		WHAT COUNTRY? A	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	e George)	Mc
Oxon	TOWN OF DEATH Hill	gi	NAME OF HOSPITAL OR INve street address)	Road	in haspital 12a. US during		(Kind of work done life, even if retired.)		SUSINESS OR
13a. USUAL admission)	RESIDENCE (Where decer STATE Mary La	ased lived, if insti 2.12 (13b. COUNT)	tution: Residence befare	OXON	YES YES	NO 13e S	RET-AND NUMBER	Road	
14. FATHER'S	NAME Patric	ek Middle	Walsh		Mary Gorn		Middle		Last
	ECEASED EVER IN U.S. AF or unknown) (If yes give	RMED FORCES? war ar dates of service)	16b. SOCIAL SECURITY	NO. 17. INFO	Stanley	Weber	Same	as 13 A	BCDE
Conditation to station last. PART	ART I. DEATH WAS CAUS IMMED ians, if ony, which gove immediate cause (o) the underlying couse	DIATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUENCE OF	Torres of the second	HE TERMINAL DISEASE O	RCONDITION GIVE	N IN PART 1(a)	eetween on	NATE INTERVAL VSET AND OEATH
STIFIC	e War yan		WHICH OPERATION WAS P		20a. AUTOPSY? YES NO [CAUSE	YES, WERE FINDINGS S OF DEATH?	4.31	RTIFYING
₹ □ OR (CCIDENT WAS UNDERLY ONTRIBUTING CAUSE OF DE Ner, natify medicol exam	HOUR A.	M.	9	NJURY OCCURRED (En		ry in Port 1 or Part 2,	, Item 18.)	
While at war	at work		AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		ATION Street or R.F.D. N		ar Tawn	County	State
	causes stated abar	this haspital) of alive an ve; (I) (we) (di	d) (did nat) view the	sed from 19_6_Z, and to bady after de	that in (my) (aur) a ath.	pinion death		les -	(I) (we) las and from the
	GNATURE	here)	1711	DEGREE		MED. DIRECTOR	STAFF PHYS. 22c	. DATE SIGNED	
1		ohn 7/	Raedy		22e. ADDRESS 4	Vicho	Is Ave	53,	
Buri	AL (Specify)	arch 7	7000	CEMETERY OR CR Holy Ci	coss	San	ON (City or Town) Antonio		(State)
24. FLINER	End a. m	attinal	1896 ADDRES	XX 9211	2So REC'D	BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH



To. BIRTHPLACE (Stote or foreign To. CITIZEN OF WHAT COUNTRY? A BRANKED	04457				
leath Snd 2 Leath.		A 4	1 1	Manth Doy	2b. HOUR 10:15 AM
the funages 1 rs after or	FEMALE	4. RACE CAUCASIAN	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in by sers. P	country)	11101			Md.
within 2 sly filled soon page within	1	H 11. NAME OF HOSPITAL OR IN give street address)	VSTITUTION (If not in hospital lead by the during	SUAL OCCUPATION (Kind of work done mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
complete	Indmission) CTATE	are decorred lived if institution. Decidence before	13c. CITY OR TOWN 13d. INSIDE CIT		DRIOZ
and con nony		rst Middle Last	1	First Middle	Lost
	16a. WAS DECEASED EVER IN	N U.S. ARMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
eath certinding phonit. Then or remov	1B. CAUSE OF DEATH PART I. DEATH W.	IAC CALICED DV).)	, ow	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the de sician. ed by the atte ol-transit perm	rise to immediate ca stating the underlyin lost.	DUE TO, OR AS A CONSEQUENCE OF (b) HYPOTHER (b) HYPOTHER (c) CONSEQUENCE OF	nus Cartes Vasa	enlar Deseare	15 yre
ow requi	1000				ANGIAFRICA IN CERTIFICIA
The lor otten r otten s has buse os lith prid	AND THE OF OPERATION		YES NO	CAUSES OF DEATH?	
spital or spital or stificate ad for a	S ☐ OR CONTRIBUTING ☐ CA	AUSE OF DEATH HOUR A.M. Month Doy Yeor (col exominer)	9		tem 1B.)
the hose this center detoche	While Nat while at wark				Caunty State
R ATTENDING retained by ECTOR: After 3 should be with the Stot	saw the dece	eased alive an 3/30	1969 and that in (my) (aur) a		e and haur and fram the
be retor DIRECTOR DIR	22b. SICHATURE	1. Mugmon	Morgree Attending Phys.	MED. DIRECTOR PHYS. D 22c. D	SIGNED /Cay
ro Hospital OF Page 4 may be ro Funeral Dir director, page 3 should be filed	22d. PHYSICIAN'S NAME (Type)	FOLL MUSMON,	m1) 22e. ADDRESS / A	ithea ST 11/40	RET THE
	23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR	4/3/69 Ced	cemetery or CREMATORY De 12:11. Cempt	23d. LOCATION (City or Town) Sufficient BY REGISTRAR 25b. REGISTRAR'S	(County) (State)
OM REV. 1708	300 4Th	St x.E wash,	DAAPP	R 2 1969 25b. REGISTRAR'S	

80000 Myor PROVING INFORGETION Hopetermes Circular Viventar Maine 15 year 3/20 00 05/2 00 05/2 Fe The December 1 2 mill the Com Standard the MARYLAND STATE DEPARTMENT OF HEALTH

				Var 2()
	6.0		forci fonda	
	1847			Magazi a
				a alternation of
	the feet lands			
.all.aumid		lejon.		
	A relativistic i	in pittan	attell overed letter	
			10. 2 J V	
all Moonth bill dis	SMI INDVOR-INDICAL O		.a.te poorani .k.	
in the popular in	July 102200 III		en s, unu v, s de	
	, ,	0 9	all ball flex I work	Parallel A

E Ga Mago

Carrier (managed rist to stronger reserve)

. Ho town a from a good large value of the

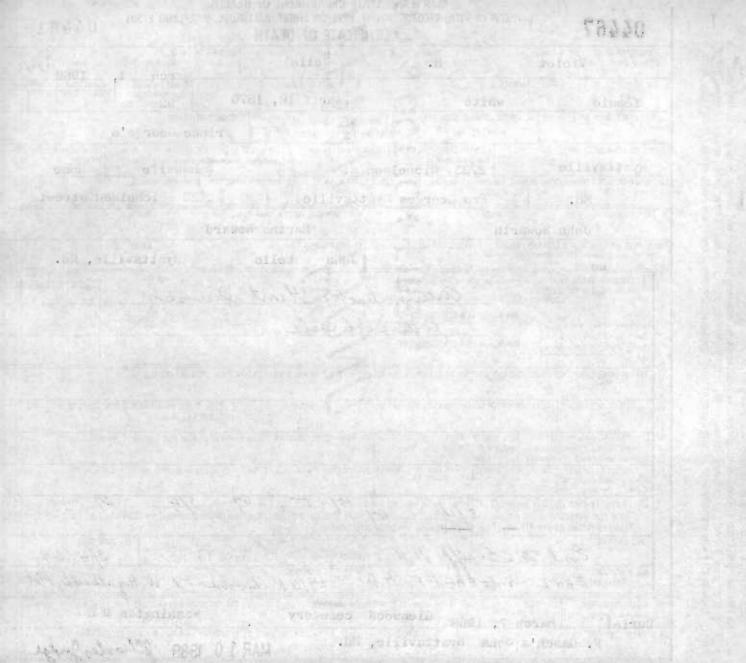
3505 Parry Dr., Mt. Tainian, M.

A STATE OF THE STA

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04460 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. STATE MARYIAND b. COUNTY PRINCE GEORGE o. COUNTY MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORESTVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS YES NO The law requires that the death certificate be executed, within 3. NAME OF remove carban Middle 4. DATE × First Month Day Year campletely DECEASED (Type or print) and in any event, DEATH 1969 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) please INDUSTRY COUNTRY? attending physician permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? State Dept. of Health TO FUNERAL DIRECTOR: After this certificate far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour 'a.m. Nat While factory, street, office bldg., etc.) at wark ot wark pe 21. I certify that (1) (this hospital) attended the deceased fram. director, page 3 should should be filed with the , and that death accurred at 2145 HM, fram causes and an the date stated above. saw the deceased alive on... 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) PEMOVAL (Specify) Suitland Cedar Hill Cemetery Maryland 3-13-1969 PG 24. FUNERAL DIRECTRO bert 25b REGISTRAR'S SIGNATURE Wilhelm 2So. REC'D BY REGISTRAR Funerals VR A15 (4) 4308 Suitland Road Suitland 25M 1/67

Doubless arest Egyptim College 10 ho The Devile accept Dealettes Welter & Orleand to Elfed K Terpen no Variety MEREE P. LARMING CONTON, M.D. disangual DE No Assistant Secretarial Disagreement of the content



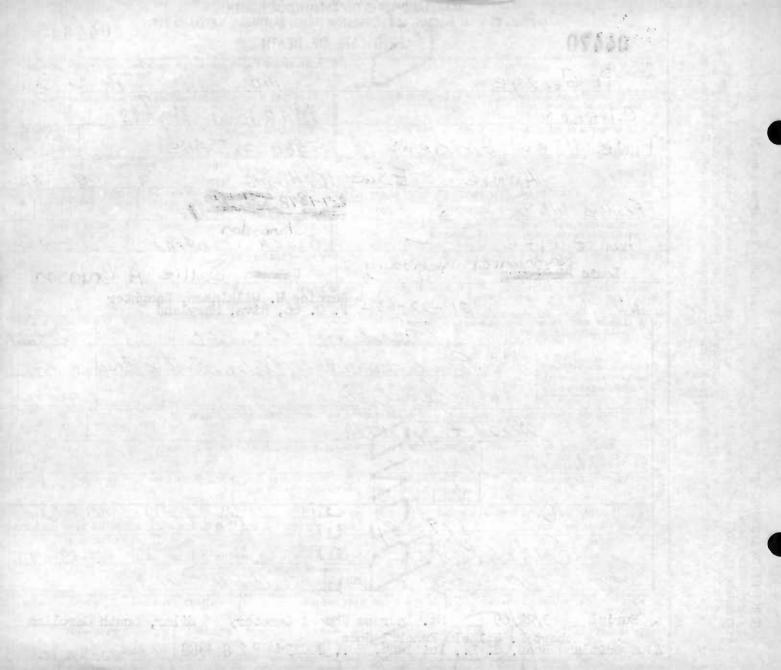
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Year 116-6 AS (Type or Print) ESTI-Whitehead Pode 40 Eugene DEATH MATED TO TO M deloy 4 RACE 6. AGE (in years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR PM3. F 48 v. M 1069 7a. BIRTHPLACE (State, or foreign MARRIED TANEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form Give Poges 1, country) % Prince George WIDOWED [DIVORCED [120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of working hit, even it retreet. INDUSTRY planto 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Office olong with give street address) Leland Hospital Riverdale ond 2 with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e. STREET AND NUMBER 3b. COUNTY Anne Arund admission) STATE ofter 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First 4 should be forwarded to the Chief Medical Examiner's within (Yes, no, ar unknown) 1944-1946 .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemo ericardium IMMEDIATE CAUSE (a)_ Hrs. DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave Laceration of aorta rise to immediate cause (a). writing the word ony certificate should DUF TO OR AS A CONSEQUENCE OF stating the underlying cause ⊆ Trauma and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. This YES TO NO 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING EXAMINER: cremation, Tripped over hose while fighting house fire :20 pm CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Prince George Co. Md. 2nd St Laurel buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection . Inquiry X, and in my apinian director. //Accident X Suicide [death resulted fram: Natural causes Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Kehde, M.D., Riverdale DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) 23a. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION_(City or Town) (County) 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI

Lag to Lee Arganization - Edit Harris

OR STATE	04469 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04463
ALTH DEPT	1. DECEASED-NAME First Middle lost 2a DATE KNOWN Month	Day Year 2b. HOU
2, and 3 ta PM3. Page partment of	(Type or Print) OF ESTI- DEATH MATED 3-24	
Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d. HOU
fand 2 with the State Department after death.	Male White 12-25-1905 63 YRS. Months OAYS HOURS MIN. Manth Day	69 Year 197:35pm
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Од г. мурин
200	(country) Norway USA WIDOWED X DIVORCED Prince George's	
11	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital liza, USUAL OCCUPATION (Kind of work done give street oddress)	12b. KIND OF BUSINESS OR INDUSTRY
17	Cheverly Prince George Hospital Retired US. P 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	ost Ullice
1	ddmission) STATE 13b COUNTY 13b Prince George's Camp Springs YES □ NO □ 5305 Middleto	n Lane
0	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	lost
	Unknown Unknown	
Н	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Regraph 17d. Team (Dean) 2007	It. Md.
	(Yes, no, or unknown) (If yes give war or dates of service) Ragnhild Lang. (Dau). 2901-	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS (AUSED BY: IMMEDIATE CAUSE (0) Coronary artery occlusion, right coronary arte	
	4109 DUE TO, OR AS A CONSEQUENCE OF Coronary arteriosclerotic heart	
	(anditians, if any, which gave rise to immediate cause (a), (b) disease	unknown
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2)	20. AUTOPSY?
	WAS PERFORMED?	YES NO
	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. AUSE OF DEATH P.M. 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I HOW INJURY OCCURRED (Enter na	tem 18.)
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)	County State
	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🛣, Inquiry	ond in my opinio
	deoth resulted from: Notoro couses 🗷 , Accide 1, Suicide 1, Homicide 1 Undetermined monner	
	CHIEF MEDICAL EXAMINER	_
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATI	SIGNED
		3-25-69
	CAMINICA / /	
	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	Bur 27-69 Washington National dem. Suitland.	
0	24. FUNDRAL PURGUIAN 250 DECID BY PEGISTRAP 250 PEGISTRAP 250 PEGISTRAP'S	SIGNATURE
	Simmons Bros. 1661-Gd. Hope Rd Wash: DC DATMAR 2 7 1969	Les Judge

MAKILAND STATE DEPAKIMENT OF HEALTH

hereness une le the ball of the second of the result in the Total Commence of the Commen nevoleti-TOPS , no 1, salu al the color of the c bering it is the company of the contract of th Parking to the Park of Edgs . The Little for the Parking of the Pa



				* * * *
			Nontra	
				Object
		* - A sale zy ma		
S to reflect to				
3-28-6 See to AUE 3-28-6/	ah u	HAM. MD	male d	
		lang. In addivedingi		lalu.

1		04472	DIVIS	SION OF VIT	AL RECORDS,	301 W. P	RESTON STREET	T, BALTIMOR	ih RE, MAR	YLAND 2	1201	4466	
		CEASED-NAME ype or print)	, , .	19	Middle	h	last illiams	2a.	DATE OF I	DEATH Manth	/80ay	14989	2b. HOUR 5.40 M
	3. SE	X Female	4. RA	Col.			S. DATE OF BIRTH			6. AGE (In y last birthd	yeors lay)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,
ŀ	70 P	IRTHPLACE (Stote or foreign	7h CITI	IZEN OF WHAT (CVATIALIO	18	1.3.88	- 10 00	UNTY OF		YRS.		
		try)	70. (11	USA	JONIKI	WIDOWED	NEVER MARRIED DIVORCED			se Geo	rge		Md.
-		TY OR TOWN OF DEATH Hyattsvil	le	11. NAME	OF HOSPITAL OR IN	r Nurs		12a. USUAL OCC	UPATION (Kind of wo	rk done	12b. KIND OF B INDUSTRY	
	l3o. odmi:	USUAL RESIDENCE (Where de ssion) STATE Mass•	ceased lived	if institution: COUNTY UTTO 1k	Residence befare	Bosto	TOWN 13d.	INSIDE CITY LIMITS?	0.00	Elm F		Ave	
		ATHER'S NAME First William Osca:	r Arms	Middle	Last	15	. MOTHER'S MAIDE	N NAME First			Middle		Last
	16a.	WAS DECEASED EVER IN U.S.		CES? 16b	. SOCIAL SECURITY		NFORMAN 1442 r. John				idd Plas		
		18. CAUSE OF DEATH (Ente	r only one co	ouse per line fo	r (o), (b), and (c)		,	1 -1		DOT:		APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
		PART I. DEATH WAS CA	IUSED BY: MEDIATE CAUS	E (0)	eft V	entric	m/m 7	ta: Iu	re			19/1	1),
		Canditions, if any, which go rise to immediate couse (a),((b) a	CONSEQUENCE OF CONSEQUENCE OF	Clarot	ti Hex	at Di	isea	m		24	ears.
		stating the underlying cou last.	use Du	(c)	CONSEQUENCE OF						_1,1,1		
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS Ca/2	CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	SEASE OR CONDIT	ION GIVEN	IN PART 1(0)		
	ZIEC			ON FOR WHICH (PERATION WAS P	ERFORMED	20a. AUTOPSY?	NO P		YES, WERE F OF DEATH?	INDINGS C	ONSIDERED IN CER	TIFYING
	Y	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	DEATH H	P.M.	anth Day Year	19	OW INJURY OCCURR	RED (Enter natur	re af injury	y in Part 1 o	ar Part 2,	Item 18.)	
		While Nat while	21e. PLACE O	OFFI	IOME, FARM, STREET, FA CE BUILDING, ETC.	/	OCATION Street or			or Town		County	State
		22a. I certify that (I) saw the decease causes stated ab	(this hasp d alive ar ave((I))(v	pital) attenden n we) (did) (did	ed the decease (8 I nat) view the	ed from 19 24, an bady after	d that in (my) (death.	Z , 19 <u>60</u> (aur) opinion	, ta deoth o	ccurred o	, 19. n the do	that one of the one of	(I) (we) last nd from the
		22b. SIGNATURE	Ti	Die	fle	MIPDEGR		MED. DIRECTO	OR	STAFF PHYS.	3	DATE SIGNED	9
1		22d. PHYSICIAN'S NAME (Type) Robe	ert R.	Dibble	9 . M.D.		22e. ADDRESS 363	2 Ga. A	ve.,	N.W.	Wash	, D.C.	
۱		REMOVAL(SQTify)	3/21/6		Mt. Ho	cemetery or pe Cem	etery	В	ostor	N (City or To		(Caunty)	(Stote)
	200	FUNERAL/DIRECTOR RODO:	nt Gy	McGuir	9 ADDRESS 1820	-945		REC'D BY REG				SIGNATURE	e.

and the state of the The state of the s every series of every series of the series o athat, come Training . Inc.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04467 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-Page Williams Marve] Ione 1911:29am delay and 3 1 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. last birthday) White 9-21-1944 19 11:29am Female YRS. ny 2, 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office alang with farm Give Pages 1, Utah U.S.A WIDOWED [DIVORCED [Prince George's haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.)
Housevile INDUSTRY Cheverly Own Home death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER George's Takoma Park YES NO Glenside Drive l and 2 after 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Darrell Kenney. within 24 haurs Harris in pencil in 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 296-42-5342 Hobart Williams, Takoma Park. no within This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit permit. BETWEEN ONSET AND DEATH farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic shock DUE TO, OR AS A CONSEQUENCE OF Multiple fractures Conditions, if ony, which gave rise to immediate cause (a). any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 0 50 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES NO DO pe 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year director. Page 4 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, JICAL EXAMINER: 10:00mm 3-31-19 69 Driver of car involved in collision CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County State 5 may be retained for your in TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crema factory, affice building, etc.) WHILE NOT WHILE Brock Bridge Rd., 3000ft. N. of St. Rt 197, Anne Aruhdel Co, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry . and in my apinian death resulted fram: Natural capses Accident & Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE. O DEPUTY 4-7-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Riverdale, Md John Kehoe MD 23a. DURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 4-3-1969 National Mem. Park Falls Church. Fairlax. Va. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Pearson's Funeral Home, Falls Quirch, Va DATE APR VR A15ME (5) 10M REV. 1/68

MAKILAND STATE DEPAKTMENT OF MEALIN

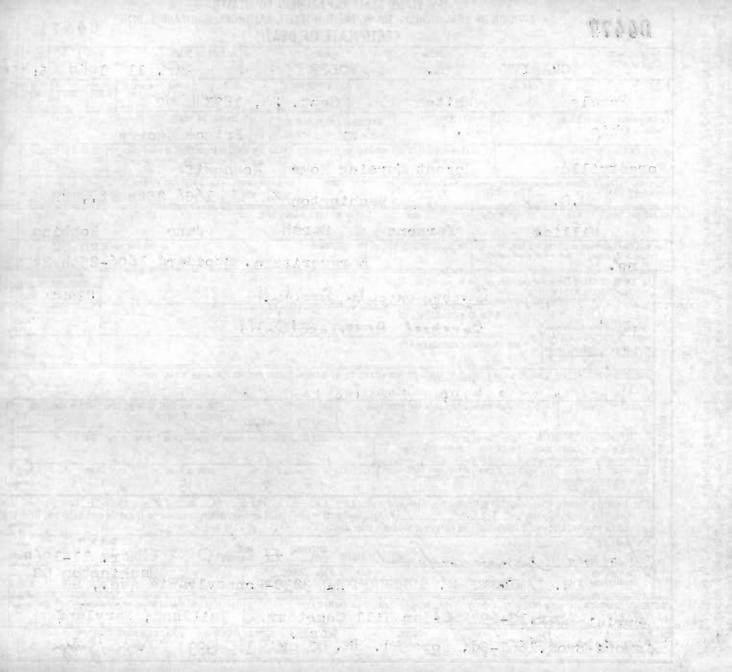
and from the control of the second control o CARE OF THE PROPERTY OF THE PR

71 1563 7:0	tage!	- FILSE		vdien	
		1.6-62-35		3214	simile:
	Prince come (a				olf -
00, 1113		Verabil and	e asanal a	nia i	vlasvedi
eran in a	1 0208 Just Center	AL VEST	SYR Plastos		an
		L. Calviso			
N. S.			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				menday.	
3/21/59	in the supposition	S. Harrison	The state of the s		
	max mad the		al notice	4604 , 400	
			TO MALE,	dp salpe si	Dalum .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNT MARYLANO b. CITY OR TOWN (if outside corporate limits, write RUB/0/and give nearest town) c. CITY OR ZOWN (1) outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 ON A FARM? YES completely to NAME OF Middle DECEASED (Type or print) event, DEATH 19 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last blithday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED and any 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA physician est of working life, even if retired) and eman tificate removal, attendih IN U.S. ARMED FORCES burial-transit permit. burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: DUE TO Conditions, If any, which peen gave rise to immediate DUE TO cause (a), stating the this certificate has b detached for use as the Dept. of Health prior andina underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRABITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO 20a. ACCIDENT WAS (INDERLYING) OR CONTRIBUTING (IV CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be det State D factory, street, office bldg., etc.) Hour a.m. While TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 20 M, from the causes and on the date stated above. 22b. DATE SIGNED ATTENOING PHYS. DIRECTOR M.D. Page 4 may I PHYSICIAN'S NAME (Type) ADDRESS (State) NAME OF COMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 3-14-1969 Rock Creek Cemetery Washington, Burial D.C. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. VR A15 (4) N.W., Wash., D.C., 20016 15M 4-64

The Color of the State of the Color of the C The state of the s doscon Gawler's Cont, inc., 5100 wise, Ive. dione Ibidk

						A A A	6, 9
als by the	louet	erion			lezaurzo l		
		,		in man		. LBR	
Painca Corrects						M.D.	
0 0 0		-10" L. Ext.	net parelo			diana.	
L. Lautena in Ca	Talogoria.	x ill seguitor	enter (1 est				
enze I		ant		90			
	The property	alor it alls	of His		WEST (170)		
# e	B Section 2			F Altresia Street			
Manyard Charmer		7000 _0004-0					



CAAC THE PERSON STEPHEN AND SHAPE THE PERSON STATES OF T Subjective from the control of the c

1	04479 DECEASED-NAME	First	- Middle ·	CERTIFIC	ATE OF DE		TE OF DEATH		2b. HOUR
l.	(Type or print)	rifst	- Middle -		rosi		Month D	oy Year	
2	SEX R17	4. RACE	GEORGIA	YE	AGER S. DATE OF BIRTH	M	6. AGE (In years	1969 I IF UNDER 1 YEAR	1915HR IF UNDER 24 HRS.
٥.	2CV			1000		Cale	last birthday)	MONTHS OAYS	
70	BIRTHPLACE (State-or foreign	75 CITIZEN OF	TF (CAU.)	18	7 Nov.		66 YRS	5.	
CC	ountry)		WHAT COUNTY!	WIDOWED [NEVER MARRIED [DIVORCED [
10	CITY OR TOWN OF DEATH	USA	1. NAME OF HOSPITAL OR IN	1	A .	FR	ATION (Kind of work done	12h KIND O	Md. F BUSINESS OR
		9	give street address)		d		rking life, even if retired.) INDUSTRY	1 DOSINESS OK
13	O. USUAL RESIDENCE (Where d	eceased lived, if ins	MALCOLM GROS	13c. CITY OR	TOWN 13d. IN	SIDE CITY LIMITS?	3e. STREET AND NUMBER		7 K T 1
	mission) STATE	13b. COUNT		OXON	YES	NO 🗆	5201 MANOR	Delva	
14	. FATHER'S NAME First	erman Wer			. MOTHER'S MAIDEN	NAME First	Middle		Lost
	NOT A	erman Wer PPLICABLE	ner		NOT APP	PLICABLE	Mattie Eng	Land	
16	Sg. WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY		NFORMANT		Address		
	res, na, ar onknawn)	3	300-1816	-99 LT	.COL. JOH	IN A. YE	AGER (SON) - SA	ME AS N	0.13
	18. CAUSE OF DEATH (Ent	er only one cause po	er line for (a), (b), and (c).)				APPRO) BETWEEN	ONSET AND GEATH
	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a) _	SKOC	K				181	IRS _
	15699		OR AS A CONSEQUENCE OF						00.5
	Conditions, if any, which g	(a) (b)-			AFE &	SETTIC	ENIA	3	DAYS
	stating the underlying co	use DUE TO,	OR AS A CONSEQUENCE OF	30.0					
	PART 2. OTHER SIGNIFICAN	(c)	DIDITING TO DEATH DUY A	IOT DELATED TO	THE TERMINAL DISE	ACE OD COMPITION	CIVEN IN DART 1/-1		
	0		2.0 0.1	ENSE 10		EN HOLLION			
TION	190. DATE OF OPERATION		WHICH OPERATION WAS P		20g. AUTOPSY?		Ob. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
CEDTICICATION	31 2-69	Proste	is Ohio		YES 14		AUSES OF DEATH?		
			NE OF INJURY				f injury in Part 1 or Part 2	2, Item 18.)	
MEDICAL	or contributing CAUSE (If either, natify medical e			9				TAIL	
AAEF		21e. PLACE OF INJU			CATION Street or F	R.F.D. No.	City or Town	Caunty	State
	While Nat while at wark							E-12-13-49	
	22a. I certify that (I	(this hospitol)	ottended the deceas	sed fram_2	-6 Ve-	., 19 <u>CS</u> , to	7=15 PM S PMA	19 <u>65</u> , tha	t (I) (we) last
	sow the deceose	ed olive on	lid) (did nat) view the	hady after a	thot in <u>(my) (</u> o leath	our) opinion de	oth occurred on the	date and havi	r and from the
	22b. SIGNATURE	JUAG, (1) (486) (0	na) (ala har) view ille	bady dilei c	The NEW		22	c. DATE SIGNED	
	Pen	12	tala	DEGR	EE PHYS.	MED. DIRECTOR	PHYS. D	5 Wach	65
	22d. PHYSICIAN'S	WARD R	TA DOWN		22e. ADDRESS				
	NAME (Type) LE(NARD R.				m Grow US	SAF Hospital	L Andrew	s AFB MI
23	a. XENDAL, CREMATION,	23b. DATE		CEMETERY OR			OCATION (City ar Tawn)	(County)	(State)
L	XXXXXXXXXX	3/8/69			ational	A Process	rlington, V	irginia	
2	4. FUNERAL DIRECTOR Robert E Wi 4308 Suitlan	lhelm Fur	neral Home Suitland	3	250.	MAR 1 3	1969 2Sb. REGISTRAL	STORY JA	dge.
	4308 Sultlan	a Ra., S.E	o, Suitland	, Ma.,	20023 DAT	t -	U		

CECI ... REGREEN ... YEARS ATI

ACU .

DESCRIPTION OF THE PROPERTY OF

remus to the constant of the c

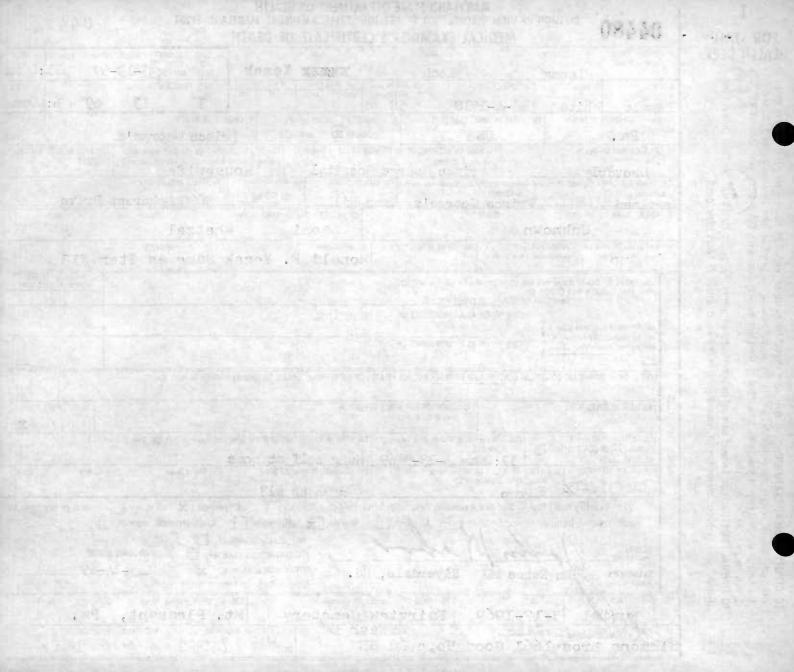
to. . . Regnor Prosecutive X . . . 5201 Lanco Stayen

TEA BANKSON INTERNET VALUE WORD WINDLESS TO A SPECIAL AND THE

U ASIUSTA TO

	04480) DIVISI	MEDIC	AL EXAM	INER'S						044	4
	ECEASED-NAME	F	irst	Middle	е	100	Last			20. DATE KNOWN Month	Doy Yeor	2b. HOUR
	Type or Print)	Leon	a	Leah			KSK	Yeze		CENTIL INVIEWED 3	69 191	1:00am
3. 5	EX	4. RACE	5. DATE OF BIR	TH	6. AGE (in years	MONTHS	OER 1 YEAR OAYS	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD Month -Day	4 Vans	2d. HOUR
Fe	emale	White	11-4-1	910	58 Y	RS.				Mgnth Pay	69° 19 6:	4-OpmM
	BIRTHPLACE (Stat	e or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. N	MARRIED	NEVER MA	RRIED	9. COU	INTY OF DEATH	1.07.2580	
cour	Pa.		US	A	WI	DOWED X	DIVE	ORCED [P	rince George's		Md.
	Cheve	rlv	give s	ME OF HOSPITAL treet oddress) rince Ge	eorge	Hospi	tab	during	HO1	CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUS INDUSTRY	INESS OR
			eosed lived, if institu	tion: Residence	before 13c. Cl	TY OR TOW	N 1:	3d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER	-41-79	
	dmission) STATE		Prince	George !	s bxo	n Hil	1	YES N	10	5030 Oakcrest	Drive	
	ATHER'S NAME	First	Middle		Lost	15. MOT	HER'S MA	DEN NAME	First	Middle	Los	
		Unkn	own			I.	laom:	i	V	Whetzel		
	WAS DECEASED EN		D FORCES? pive war or dates of service)	16b. SOCIAL SECU	RITY NO.	17. INFOR		F. Ye	ezek	s Same as IIte	em #13	
	PART I. (953 Conditions, if	FATH WAS CALL	DUE TO, OR			Hangi	ng				APPROXIMATE BETWEEN ONSET	
	stating the <u>ur</u>	iderlying causi	DUE TO, OR	AS A CONSEQUEN		D TO THE T	ERMINAL I	DISEASE OR (CONDITIO	ON GIVEN IN PART 1(0)		
NO												
IFICATI	190. DATE OF C	PERATION		19b. CONDITION WAS PERFO		PERATION					20. AUTOPS	(? NO ⊅ ₹]
MEDICAL CERTIFICATION	21o. EXTERNAL PRIMARY CO CAUSE OF DEAT 21d. INJURY OC WHILE AT WORK	R CONTRIBUTING	HOUR A.I	Mam 3-13 At home, form, st	_19 69	Hung 21f. LOCAT	sel	f at or R.F.D. No	home	re of injury in Port 1 or Port 2, It		Stote
			Home					s #13	l		1	
		sulted fram:	Natural cause Manage af the Natural cause Manage MD	ses , Ac	cident [],	Suicid	e CHI M.D. ASS DEF	Homicid JEF MEDICAL SISTANT MEDICAL PUTY MEDICA	le, EXAMINE ICAL EXA AL EXAMI	ER	SIGNED	y apin i an
13	BURIAL, CREMA REMOVAL (Spe-	1 3	Bb. DATE -17-1969		NE OF CEMETE.			ry		LOCATION (City or Town) t. Pleasant,	(County) (S	itate)
	mmons		1661 God		ADDRESS WE		C	2So. RECT			SIGNATURE Queda	æ.

VR A15ME (5) 10M REV. 1/68



	ECEASED-NAME First Type or print)	en from birth cert Middle Robert Baby/Boy	Last	2a. DATE OF DEATH Manth Day	2b. HOUR a
3. 3	Male	4. RACE	S. DATE OF BIRTH 03-08-69	last highday	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN 1 39
	BIRTHPLACE (State or foreign ntry) Md.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Prince Ge	
1	City or town of DEATH Cheverly	11. NAME OF HOSPITAL OR INS give street address Prince Geor		SUAL OCCUPATION (Kind af wark dane mast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a adn	USUAL RESIDENCE (Where decease issian) STATE Md.	d lived, if institution: Residence before Prince Georges	13c. CITY OR TOWN 13d. INSIDE CI		t
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM	E First Middle	Last
	James	Foy Young		ron Elizabeth	Hall
	. WAS DECEASED EVER IN U.S. ARMI fes, na, ar unknawn) (If yes give wa	ED FORCES? r ar dates of service) 16b. SOCIAL SECURITY 1	NO. 17. INFORMANT	Address	
NOI		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO			EDITORS ALCOSTONIC
CERTIFICATION	3-8-69	ONDITION FOR WHICH OPERATION WAS PE	YES NO	4	
MEDICAL C	21a. ACCIDENT WAS UNDERLYING CAUSE OF CEATH (If either, natify medical examina	HOUR A.M. Manth Day Year P.M. 19		nte [†] nature af injury in Part 1 ar Part 2, Ite	
2	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			Caunty State
	22a. I certify that (1) (this	s haspital) attended the decease ve anl (I) (we) (did)((did nat) view the	9, and that in (my) (aur)	apinian death accurred an the date	
	causes stated abave,	(1) (we) (aid) (laid hai) breft hie		22c DA	TE SIGNED
	causes stafed abave,		DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS. 3	-10-69
	causes stafed abave, 22b. SIGNATURE 22d. PHYSICIAN'S		DEGREE PHYS. L	MED. STAFF PHYS. 3 George's Hospital	
230	causes stated all ave, 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Pab BURIAL (CREMATION, 23b. D	lo Falo, M.D. ATE 23c. NAME OF	DEGREE PHYS. 22e. ADDRESS Prince G CEMETERY OR CREMATORY	MED. STAFF DIRECTOR PHYS. 3	(Caunty) (State)

The state of the s	PUASO TO GAS I			0.37
nel de la laco		sementer;		
	THE SHEET			
Carrie and U.S.				
	The second second			N.D.
To the light of the		04		
国工程的企业				
'n Hono' tub	one I regime.	.11.37	off off	
		r'c,		10 - 202
			Section of the last	0-75

MAKILAND STATE DEPARTMENT OF REALIN

						P. E. V.
		801	ia¥	.7,	0, 1,	
		6/9/11				wish "
	agrows cantar			.1.5.	1 1	
	1010-5	Ar a = 5	tend of	off mold		
	OFFI MAZE	38 1,002801				No.
ivelenta			39		90	
		Decedent	TREE -	11-626	27-42	2.9
	8000	45 TEAC		\00\0 40000		
					LES L	
	Daje Humpital				Ploc wet	
					1	